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| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                               |
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| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                                      |
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 |                                                                                                                                                                                                                                                                                                                                                                                                               |
| A                                                                                          | This return/report is for: <div><div><input type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input checked="" type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div></div> |
| B                                                                                          | This return/report is: <div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div>                                                                                                 |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                     |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                            |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                      |

|         |                                                                                                                                                                                                                                                                                                                                                    |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                             |
| 1a      | Name of plan<br>THE HARTFORD INVESTMENT AND SAVINGS PLAN                                                                                                                                                                                                                                                                                           |
| 1b      | Three-digit plan number (PN) ▶ 100                                                                                                                                                                                                                                                                                                                 |
| 1c      | Effective date of plan<br>12/19/1995                                                                                                                                                                                                                                                                                                               |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>HARTFORD FIRE INSURANCE COMPANY<br><br>ONE HARTFORD PLAZA, T-1-173-1R<br>HARTFORD, CT 06155 |
| 2b      | Employer Identification Number (EIN)<br>06-0383750                                                                                                                                                                                                                                                                                                 |
| 2c      | Plan Sponsor's telephone number<br>860-547-5000                                                                                                                                                                                                                                                                                                    |
| 2d      | Business code (see instructions)<br>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. | 10/13/2025 | 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                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                            |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                           |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>5</b> 31128                                                                                                                                                                                                                                                              |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> 18614<br><b>6a(2)</b> 18645<br><b>6b</b> 1082<br><b>6c</b> 11195<br><b>6d</b> 30922<br><b>6e</b> 140<br><b>6f</b> 31062<br><b>6g(1)</b> 30821<br><b>6g(2)</b> 31023<br><b>6h</b> 863 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>7</b>                                                                                                                                                                                                                                                                    |

**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 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:

|                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4)** ☐ **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_
- (5)** ☐ **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ **A** (Insurance Information) – Number Attached 6
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

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

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

**11c** Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 \_\_\_\_\_

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 |                                                      |     |
| A Name of plan<br>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<br>HARTFORD FIRE INSURANCE COMPANY  | D Employer Identification Number (EIN)<br>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                            | 31062                                                                       | 01/01/2024              | 12/31/2024 |

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 |                       |
|                                               |                                 |             |                       |

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

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

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(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.

|                                                                                                        |          |  |
|--------------------------------------------------------------------------------------------------------|----------|--|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> |  |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

**c** Premiums due but unpaid at the end of the year ..... **6c**

**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
Specify nature of costs ▶

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

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

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

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

|                                                                                                                                                                                                                                             |              |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------|
| <b>b</b> Balance at the end of the previous year .....                                                                                                                                                                                      | <b>7b</b>    | 189783955 |
| <b>c</b> Additions: (1) Contributions deposited during the year .....<br>(2) Dividends and credits.....<br>(3) Interest credited during the year.....<br>(4) Transferred from separate account .....<br>(5) Other (specify below).....<br>▶ | <b>7c(1)</b> |           |
|                                                                                                                                                                                                                                             | <b>7c(2)</b> |           |
|                                                                                                                                                                                                                                             | <b>7c(3)</b> | 5372254   |
|                                                                                                                                                                                                                                             | <b>7c(4)</b> |           |
|                                                                                                                                                                                                                                             | <b>7c(5)</b> |           |
|                                                                                                                                                                                                                                             |              |           |
| (6) Total additions .....                                                                                                                                                                                                                   | <b>7c(6)</b> | 5372254   |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                                                                                                                                                       | <b>7d</b>    | 195156209 |
| <b>e</b> Deductions:                                                                                                                                                                                                                        |              |           |
| (1) Disbursed from fund to pay benefits or purchase annuities during year                                                                                                                                                                   | <b>7e(1)</b> |           |
| (2) Administration charge made by carrier.....                                                                                                                                                                                              | <b>7e(2)</b> | 270444    |
| (3) Transferred to separate account .....                                                                                                                                                                                                   | <b>7e(3)</b> |           |
| (4) Other (specify below).....<br>▶ <b>WITHDRAWALS</b>                                                                                                                                                                                      | <b>7e(4)</b> | 22100000  |
|                                                                                                                                                                                                                                             |              |           |
| (5) Total deductions .....                                                                                                                                                                                                                  | <b>7e(5)</b> | 22370444  |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....                                                                                                                                      | <b>7f</b>    | 172785765 |

**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:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                                             |            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                                                       | <b>10a</b> |  |
| <b>b</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. ....<br>Specify nature of costs. | <b>10b</b> |  |

**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. ▶

|                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 |                                                      |     |
| A Name of plan<br>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<br>HARTFORD FIRE INSURANCE COMPANY  | D Employer Identification Number (EIN)<br>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                               | 31062                                                                       | 01/01/2024              | 12/31/2024 |

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

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

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

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

---

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

---

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

---

(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.

|                                                                                                        |          |          |
|--------------------------------------------------------------------------------------------------------|----------|----------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |          |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> | 79354784 |

**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

**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>b</b> Balance at the end of the previous year ..... | <b>7b</b> | 0 |
|--------------------------------------------------------|-----------|---|

|                                                                       |              |  |  |
|-----------------------------------------------------------------------|--------------|--|--|
| <b>c</b> Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> |  |  |
| (2) Dividends and credits.....                                        | <b>7c(2)</b> |  |  |
| (3) Interest credited during the year.....                            | <b>7c(3)</b> |  |  |
| (4) Transferred from separate account .....                           | <b>7c(4)</b> |  |  |
| (5) Other (specify below).....<br>▶                                   | <b>7c(5)</b> |  |  |

|                           |              |   |
|---------------------------|--------------|---|
| (6) Total additions ..... | <b>7c(6)</b> | 0 |
|---------------------------|--------------|---|

|                                                                                       |           |   |
|---------------------------------------------------------------------------------------|-----------|---|
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) ..... | <b>7d</b> | 0 |
|---------------------------------------------------------------------------------------|-----------|---|

|                                                                                 |              |  |  |
|---------------------------------------------------------------------------------|--------------|--|--|
| <b>e</b> Deductions:                                                            |              |  |  |
| (1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b> |  |  |
| (2) Administration charge made by carrier.....                                  | <b>7e(2)</b> |  |  |
| (3) Transferred to separate account .....                                       | <b>7e(3)</b> |  |  |
| (4) Other (specify below).....<br>▶                                             | <b>7e(4)</b> |  |  |

|                            |              |   |
|----------------------------|--------------|---|
| (5) Total deductions ..... | <b>7e(5)</b> | 0 |
|----------------------------|--------------|---|

|                                                                                                        |           |   |
|--------------------------------------------------------------------------------------------------------|-----------|---|
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )..... | <b>7f</b> | 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:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                                             |            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                                                       | <b>10a</b> |  |
| <b>b</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. ....<br>Specify nature of costs. | <b>10b</b> |  |

**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. ▶

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 |                                                      |     |
| A Name of plan<br>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<br>HARTFORD FIRE INSURANCE COMPANY  | D Employer Identification Number (EIN)<br>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<br>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                               | 31062                                                                       | 01/01/2024              | 12/31/2024 |

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.

|          |                                                                                                                                                                                                                                                                 |              |           |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------|
| <b>4</b> | Current value of plan's interest under this contract in the general account at year end .....                                                                                                                                                                   | <b>4</b>     |           |
| <b>5</b> | Current value of plan's interest under this contract in separate accounts at year end.....                                                                                                                                                                      | <b>5</b>     |           |
| <b>6</b> | Contracts With Allocated Funds:                                                                                                                                                                                                                                 |              |           |
| <b>a</b> | State the basis of premium rates ▶                                                                                                                                                                                                                              |              |           |
| <b>b</b> | Premiums paid to carrier .....                                                                                                                                                                                                                                  | <b>6b</b>    |           |
| <b>c</b> | Premiums due but unpaid at the end of the year .....                                                                                                                                                                                                            | <b>6c</b>    |           |
| <b>d</b> | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....<br>Specify nature of costs ▶                                                           | <b>6d</b>    |           |
| <b>e</b> | Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity<br>(3) <input type="checkbox"/> other (specify) ▶                                                                                        |              |           |
| <b>f</b> | If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>                                                                                                                               |              |           |
| <b>7</b> | Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)                                                                                                                                                   |              |           |
| <b>a</b> | Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee<br>(3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other ▶ <b>SYNTHETIC GIC</b> |              |           |
| <b>b</b> | Balance at the end of the previous year .....                                                                                                                                                                                                                   | <b>7b</b>    | 157548328 |
| <b>c</b> | Additions: (1) Contributions deposited during the year .....                                                                                                                                                                                                    | <b>7c(1)</b> |           |
|          | (2) Dividends and credits.....                                                                                                                                                                                                                                  | <b>7c(2)</b> |           |
|          | (3) Interest credited during the year.....                                                                                                                                                                                                                      | <b>7c(3)</b> | 3000225   |
|          | (4) Transferred from separate account .....                                                                                                                                                                                                                     | <b>7c(4)</b> |           |
|          | (5) Other (specify below).....<br>▶                                                                                                                                                                                                                             | <b>7c(5)</b> |           |
|          | (6) Total additions .....                                                                                                                                                                                                                                       | <b>7c(6)</b> | 3000225   |
| <b>d</b> | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                                                                                                                                                                                    | <b>7d</b>    | 160548553 |
| <b>e</b> | Deductions:                                                                                                                                                                                                                                                     |              |           |
|          | (1) Disbursed from fund to pay benefits or purchase annuities during year .....                                                                                                                                                                                 | <b>7e(1)</b> |           |
|          | (2) Administration charge made by carrier.....                                                                                                                                                                                                                  | <b>7e(2)</b> |           |
|          | (3) Transferred to separate account .....                                                                                                                                                                                                                       | <b>7e(3)</b> |           |
|          | (4) Other (specify below).....<br>▶ <b>CASH</b>                                                                                                                                                                                                                 | <b>7e(4)</b> | 18300000  |
|          | (5) Total deductions .....                                                                                                                                                                                                                                      | <b>7e(5)</b> | 18300000  |
| <b>f</b> | Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....                                                                                                                                                                   | <b>7f</b>    | 142248553 |

**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:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                                             |            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                                                       | <b>10a</b> |  |
| <b>b</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. ....<br>Specify nature of costs. | <b>10b</b> |  |

**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. ▶

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 |                                                      |     |
| A Name of plan<br>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<br>HARTFORD FIRE INSURANCE COMPANY  | D Employer Identification Number (EIN)<br>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                               | 31062                                                                       | 01/01/2024              | 12/31/2024 |

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 |                       |
|                                               |                                 |             |                       |

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(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.

|                                                                                                        |          |  |
|--------------------------------------------------------------------------------------------------------|----------|--|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> |  |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

**c** Premiums due but unpaid at the end of the year ..... **6c**

**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
Specify nature of costs ▶

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

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

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

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

|                                                                                                        |              |          |
|--------------------------------------------------------------------------------------------------------|--------------|----------|
| <b>b</b> Balance at the end of the previous year .....                                                 | <b>7b</b>    | 71820242 |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                                  | <b>7c(1)</b> |          |
| (2) Dividends and credits.....                                                                         | <b>7c(2)</b> |          |
| (3) Interest credited during the year.....                                                             | <b>7c(3)</b> | 1923763  |
| (4) Transferred from separate account .....                                                            | <b>7c(4)</b> |          |
| (5) Other (specify below).....<br>▶                                                                    | <b>7c(5)</b> |          |
| (6) Total additions .....                                                                              | <b>7c(6)</b> | 1923763  |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                  | <b>7d</b>    | 73744005 |
| <b>e</b> Deductions:                                                                                   |              |          |
| (1) Disbursed from fund to pay benefits or purchase annuities during year .....                        | <b>7e(1)</b> |          |
| (2) Administration charge made by carrier.....                                                         | <b>7e(2)</b> | 102618   |
| (3) Transferred to separate account .....                                                              | <b>7e(3)</b> |          |
| (4) Other (specify below).....<br>▶ <b>BOOK VALUE ADJUSTMENT</b>                                       | <b>7e(4)</b> | 8194056  |
| (5) Total deductions .....                                                                             | <b>7e(5)</b> | 8296674  |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )..... | <b>7f</b>    | 65447331 |

**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:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                                             |            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                                                       | <b>10a</b> |  |
| <b>b</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. ....<br>Specify nature of costs. | <b>10b</b> |  |

**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. ▶

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 |                                                      |     |
| A Name of plan<br>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<br>HARTFORD FIRE INSURANCE COMPANY  | D Employer Identification Number (EIN)<br>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                               | 31062                                                                       | 01/01/2024              | 12/31/2024 |

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.

|          |                                                                                                                                                                                                                                                                 |              |          |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------|
| <b>4</b> | Current value of plan's interest under this contract in the general account at year end .....                                                                                                                                                                   | <b>4</b>     |          |
| <b>5</b> | Current value of plan's interest under this contract in separate accounts at year end.....                                                                                                                                                                      | <b>5</b>     |          |
| <b>6</b> | Contracts With Allocated Funds:                                                                                                                                                                                                                                 |              |          |
| <b>a</b> | State the basis of premium rates ▶                                                                                                                                                                                                                              |              |          |
| <b>b</b> | Premiums paid to carrier .....                                                                                                                                                                                                                                  | <b>6b</b>    |          |
| <b>c</b> | Premiums due but unpaid at the end of the year .....                                                                                                                                                                                                            | <b>6c</b>    |          |
| <b>d</b> | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....<br>Specify nature of costs ▶                                                           | <b>6d</b>    |          |
| <b>e</b> | Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity<br>(3) <input type="checkbox"/> other (specify) ▶                                                                                        |              |          |
| <b>f</b> | If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>                                                                                                                               |              |          |
| <b>7</b> | Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)                                                                                                                                                   |              |          |
| <b>a</b> | Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee<br>(3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other ▶ <b>SYNTHETIC GIC</b> |              |          |
| <b>b</b> | Balance at the end of the previous year .....                                                                                                                                                                                                                   | <b>7b</b>    | 91692790 |
| <b>c</b> | Additions: (1) Contributions deposited during the year .....                                                                                                                                                                                                    | <b>7c(1)</b> |          |
|          | (2) Dividends and credits.....                                                                                                                                                                                                                                  | <b>7c(2)</b> |          |
|          | (3) Interest credited during the year.....                                                                                                                                                                                                                      | <b>7c(3)</b> | 2320571  |
|          | (4) Transferred from separate account .....                                                                                                                                                                                                                     | <b>7c(4)</b> |          |
|          | (5) Other (specify below).....<br>▶                                                                                                                                                                                                                             | <b>7c(5)</b> |          |
|          | (6) Total additions .....                                                                                                                                                                                                                                       | <b>7c(6)</b> | 2320571  |
| <b>d</b> | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                                                                                                                                                                                    | <b>7d</b>    | 94013361 |
| <b>e</b> | Deductions:                                                                                                                                                                                                                                                     |              |          |
|          | (1) Disbursed from fund to pay benefits or purchase annuities during year .....                                                                                                                                                                                 | <b>7e(1)</b> |          |
|          | (2) Administration charge made by carrier.....                                                                                                                                                                                                                  | <b>7e(2)</b> | 102618   |
|          | (3) Transferred to separate account .....                                                                                                                                                                                                                       | <b>7e(3)</b> |          |
|          | (4) Other (specify below).....<br>▶ <b>BOOK VALUE ADJUSTMENTS</b>                                                                                                                                                                                               | <b>7e(4)</b> | 10600000 |
|          | (5) Total deductions .....                                                                                                                                                                                                                                      | <b>7e(5)</b> | 10702618 |
| <b>f</b> | Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....                                                                                                                                                                   | <b>7f</b>    | 83310743 |

**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:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                                             |            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                                                       | <b>10a</b> |  |
| <b>b</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. ....<br>Specify nature of costs. | <b>10b</b> |  |

**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. ▶

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 |                                                      |     |
| A Name of plan<br>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<br>HARTFORD FIRE INSURANCE COMPANY  | D Employer Identification Number (EIN)<br>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                              | 31062                                                                       | 01/01/2024              | 12/31/2024 |

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 |                       |
|                                               |                                 |             |                       |

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(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 |                       |
|                                               |                                 |             |                       |

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

---

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

---

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

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

---

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

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| (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.

|          |                                                                                                                                                                                                                                                                 |              |          |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------|
| <b>4</b> | Current value of plan's interest under this contract in the general account at year end .....                                                                                                                                                                   | <b>4</b>     |          |
| <b>5</b> | Current value of plan's interest under this contract in separate accounts at year end.....                                                                                                                                                                      | <b>5</b>     |          |
| <b>6</b> | Contracts With Allocated Funds:                                                                                                                                                                                                                                 |              |          |
| <b>a</b> | State the basis of premium rates ▶                                                                                                                                                                                                                              |              |          |
| <b>b</b> | Premiums paid to carrier .....                                                                                                                                                                                                                                  | <b>6b</b>    |          |
| <b>c</b> | Premiums due but unpaid at the end of the year .....                                                                                                                                                                                                            | <b>6c</b>    |          |
| <b>d</b> | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....<br>Specify nature of costs ▶                                                           | <b>6d</b>    |          |
| <b>e</b> | Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity<br>(3) <input type="checkbox"/> other (specify) ▶                                                                                        |              |          |
| <b>f</b> | If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>                                                                                                                               |              |          |
| <b>7</b> | Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)                                                                                                                                                   |              |          |
| <b>a</b> | Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee<br>(3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other ▶ <b>SYNTHETIC GIC</b> |              |          |
| <b>b</b> | Balance at the end of the previous year .....                                                                                                                                                                                                                   | <b>7b</b>    | 81335716 |
| <b>c</b> | Additions: (1) Contributions deposited during the year .....                                                                                                                                                                                                    | <b>7c(1)</b> |          |
|          | (2) Dividends and credits.....                                                                                                                                                                                                                                  | <b>7c(2)</b> |          |
|          | (3) Interest credited during the year.....                                                                                                                                                                                                                      | <b>7c(3)</b> | 1778659  |
|          | (4) Transferred from separate account .....                                                                                                                                                                                                                     | <b>7c(4)</b> |          |
|          | (5) Other (specify below).....<br>▶                                                                                                                                                                                                                             | <b>7c(5)</b> |          |
|          | (6) Total additions .....                                                                                                                                                                                                                                       | <b>7c(6)</b> | 1778659  |
| <b>d</b> | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                                                                                                                                                                                    | <b>7d</b>    | 83114375 |
| <b>e</b> | Deductions:                                                                                                                                                                                                                                                     |              |          |
|          | (1) Disbursed from fund to pay benefits or purchase annuities during year .....                                                                                                                                                                                 | <b>7e(1)</b> |          |
|          | (2) Administration charge made by carrier.....                                                                                                                                                                                                                  | <b>7e(2)</b> | 115688   |
|          | (3) Transferred to separate account .....                                                                                                                                                                                                                       | <b>7e(3)</b> |          |
|          | (4) Other (specify below).....<br>▶ <b>WITHDRAWALS</b>                                                                                                                                                                                                          | <b>7e(4)</b> | 9500000  |
|          | (5) Total deductions .....                                                                                                                                                                                                                                      | <b>7e(5)</b> | 9615688  |
| <b>f</b> | Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....                                                                                                                                                                   | <b>7f</b>    | 73498687 |

**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:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                                             |            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                                                       | <b>10a</b> |  |
| <b>b</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. ....<br>Specify nature of costs. | <b>10b</b> |  |

**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. ▶

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2024</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024                                                                                                                                |                                                                                                                                                                                                                        |                                                |
| <b>A</b> Name of plan<br>THE HARTFORD INVESTMENT AND SAVINGS PLAN                                                                                                                                                         | <b>B</b> Three-digit plan number (PN) ▶                                                                                                                                                                                | 100                                            |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>HARTFORD FIRE INSURANCE COMPANY                                                                                                                          | <b>D</b> Employer Identification Number (EIN)<br>06-0383750                                                                                                                                                            |                                                |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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.

|                                                                                                                                                                                                                                                                                                                                                       |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>1 Information on Persons Receiving Only Eligible Indirect Compensation</b>                                                                                                                                                                                                                                                                         |  |
| <b>a</b> 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)..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <b>b</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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation                                                                                                                                                                                                                                     |  |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                                                                                                                                                                                                                                                                                    |  |
| 98-0399967                                                                                                                                                                                                                                                                                                                                            |  |
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation                                                                                                                                                                                                                                     |  |
| HARTFORD FUNDS MANAGEMENT CO                                                                                                                                                                                                                                                                                                                          |  |
| 46-1470670                                                                                                                                                                                                                                                                                                                                            |  |
| <b>(b)</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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation                                                                                                                                                                                                                                     |  |
| PRUDENTIAL TRUST COMPANY                                                                                                                                                                                                                                                                                                                              |  |
| 23-6994310                                                                                                                                                                                                                                                                                                                                            |  |

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

SEI TRUST COMPANY

06-1271230

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

SPRUCEGROVE INVESTMENT MGMT LTD

98-0399967

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

THE VANGUARD GROUP, INC

23-1945930

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

NORTHEAST RETIREMENT SERVICES

04-2686260

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

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

---

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

---

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

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

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

EDELMAN FINANCIAL ENGINES, LLC

77-0473565

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 26 28 50 51            | NONE                                                                                              | 2406191                                                                | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

LOOMIS SAYLES TRUST COMPANY

20-8080381

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 68                  | NONE                                                                                              | 1596143                                                                | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 19037                                                                                                                                                                           | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

J.P. MORGAN INVESTMENT MGMT INC

13-3200244

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50 51               | NONE                                                                                              | 681256                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50 51 68            | NONE                                                                                              | 648968                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 21443                                                                                                                                                                           | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

INSIGHT NORTH AMERICA, LLC

82-0983489

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50 51               | NONE                                                                                              | 547538                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

LEEWARD INVESTMENTS, LLC

37-2005153

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50 51 68            | NONE                                                                                              | 516924                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 1845                                                                                                                                                                            | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

**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)

T. ROWE PRICE ASSOCIATES, INC.

52-0556948

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50 51 68            | NONE                                                                                              | 481477                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 37 49 99               | NONE                                                                                              | 288422                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

STATE STREET BANK AND TRUST COMPANY

04-1867445

| (b)<br>Service Code(s)  | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 19 21 25 28 50 62 63 99 | NONE                                                                                              | 120041                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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 GLOBAL ADVISORS TRUST

81-4017137

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 18 19 51 52            | NONE                                                                                              | 74418                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 2391                                                                                                                                                                            | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

BLACKROCK INSTITUTIONAL TRUST

94-3112180

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50 51               | NONE                                                                                              | 26831                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

**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<br>(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<br><br>41-0679409                 | 0.25%                                                                                                                                                              |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                   |                                                                                                                                                                                                                                   |                                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| <div>SCHEDULE D<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration</div> | <div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection.</div>        |
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024                                                                                        |                                                                                                                                                                                                                                   |                                                                                                        |
| A Name of plan<br>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<br>HARTFORD FIRE INSURANCE COMPANY                                                                                  |                                                                                                                                                                                                                                   | D Employer Identification Number (EIN)<br>06-0383750                                                   |
| Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(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 90-0735883-001                                                                                                                                                           | d Entity code C                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 94395000  |
| 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 90-0735899-001                                                                                                                                                           | d Entity code C                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 67478000  |
| 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 90-0735963-001                                                                                                                                                           | d Entity code C                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 300604000 |
| 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 90-0735964-001                                                                                                                                                           | d Entity code C                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 271127000 |
| 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 90-0735965-001                                                                                                                                                           | d Entity code C                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 513021000 |
| 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 90-0735971-001                                                                                                                                                           | d Entity code C                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 265063000 |
| 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 90-0735972-001                                                                                                                                                           | d Entity code C                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 457215000 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                           |                                                                                                                                                                                                                                   |                                                                                                        |
| Schedule D (Form 5500) 2024 v. 240311                                                                                                                                             |                                                                                                                                                                                                                                   |                                                                                                        |

|                                                                                               |                        |                                                                                                               |
|-----------------------------------------------------------------------------------------------|------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RETIREMENT 2050 TRUST              |                        |                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY            |                        |                                                                                                               |
| <b>c</b> EIN-PN 90-0735976-001                                                                | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 283515000 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RETIREMENT 2055 TRUST              |                        |                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY            |                        |                                                                                                               |
| <b>c</b> EIN-PN 90-0735978-001                                                                | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 198864000 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RETIREMENT 2060 TRUST              |                        |                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY            |                        |                                                                                                               |
| <b>c</b> EIN-PN 45-3799736-001                                                                | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 109830000 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RETIREMENT 2065 TRUST              |                        |                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY            |                        |                                                                                                               |
| <b>c</b> EIN-PN 82-6204383-001                                                                | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27401000  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RETIREMENT 2070 TRUST              |                        |                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY            |                        |                                                                                                               |
| <b>c</b> EIN-PN 88-6098744-001                                                                | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3206000   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PRU CORE CONSERV INTL BD FD                    |                        |                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a): PRUDENTIAL TRUST CO.                        |                        |                                                                                                               |
| <b>c</b> EIN-PN 23-6994310-156                                                                | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 127469000 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT 45-003                        |                        |                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a): NEW YORK LIFE INSURANCE COMPANY             |                        |                                                                                                               |
| <b>c</b> EIN-PN 13-5582869-209                                                                | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 73805000  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: INTERMEDIATE TERM CREDIT BOND INDEX            |                        |                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A. |                        |                                                                                                               |
| <b>c</b> EIN-PN 94-3118549-001                                                                | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21796000  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: COMMERCIAL MORTGAGE-BACKED SECURIT             |                        |                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A. |                        |                                                                                                               |
| <b>c</b> EIN-PN 94-3333402-001                                                                | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9147000   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MORTGAGE-BACKED SECURITIES INDEX FU            |                        |                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A. |                        |                                                                                                               |
| <b>c</b> EIN-PN 94-6581672-001                                                                | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29018000  |

|                                                                                               |                        |                                                                                                                |
|-----------------------------------------------------------------------------------------------|------------------------|----------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: 1-3 YEAR GOVERNMENT BOND INDEX FUND            |                        |                                                                                                                |
| <b>b</b> Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A. |                        |                                                                                                                |
| <b>c</b> EIN-PN 94-6052283-001                                                                | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27288000   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: ASSET BACKED SECURITIES INDEX FUND             |                        |                                                                                                                |
| <b>b</b> Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A. |                        |                                                                                                                |
| <b>c</b> EIN-PN 94-3149402-001                                                                | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23429000   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: 1-3 YEAR CREDIT BOND INDEX FUND                |                        |                                                                                                                |
| <b>b</b> Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A. |                        |                                                                                                                |
| <b>c</b> EIN-PN 27-0382964-001                                                                | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26604000   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: REAL ASSET NL SF CLASS C                       |                        |                                                                                                                |
| <b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS                |                        |                                                                                                                |
| <b>c</b> EIN-PN 90-0337987-280                                                                | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19735000   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: CIT LG CAP GROWTH TRUST - CLASS B              |                        |                                                                                                                |
| <b>b</b> Name of sponsor of entity listed in (a): LOOMIS SAYLES TRUST COMPANY, LLC            |                        |                                                                                                                |
| <b>c</b> EIN-PN 84-6391546-806                                                                | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 452670000  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: S&P 500(R) INDEX NL SF CL K                    |                        |                                                                                                                |
| <b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY  |                        |                                                                                                                |
| <b>c</b> EIN-PN 90-0337987-388                                                                | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1271379000 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: LONG TERM GOVERNMENT BOND INDEX FD             |                        |                                                                                                                |
| <b>b</b> Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A. |                        |                                                                                                                |
| <b>c</b> EIN-PN 26-3774476-001                                                                | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29000      |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SPRUCEGROVE INTERNATIONAL CIT                  |                        |                                                                                                                |
| <b>b</b> Name of sponsor of entity listed in (a): SEI TRUST COMPANY                           |                        |                                                                                                                |
| <b>c</b> EIN-PN 82-3743187-001                                                                | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 88883000   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SHORT TERM INVESTMENT FUND                     |                        |                                                                                                                |
| <b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY  |                        |                                                                                                                |
| <b>c</b> EIN-PN 04-0025081-155                                                                | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13638000   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL SMALL/MID CAP INDEX NL SF              |                        |                                                                                                                |
| <b>b</b> Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY  |                        |                                                                                                                |
| <b>c</b> EIN-PN 90-0337987-461                                                                | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 163753000  |

**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

|                                |                        |                                                                                                               |
|--------------------------------|------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 90-0337987-456 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 247611000 |
|--------------------------------|------------------------|---------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

**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  
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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

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   |                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| <div>SCHEDULE H</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Financial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   | 2024                                                 |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   | This Form is Open to Public Inspection               |
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024                                                                                                                                                   |                                                                                                                                                                                                                                                                                   |                                                      |
| A Name of plan<br>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<br>HARTFORD FIRE INSURANCE COMPANY                                                                                                                                                    |                                                                                                                                                                                                                                                                                   | D Employer Identification Number (EIN)<br>06-0383750 |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>                     |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>                  | 7506000               | 7397000         |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>                  |                       |                 |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(3)</b>                  | 3752000               | 3738000         |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>                  | 5859000               | 6607000         |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>               |                       |                 |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b>               | 246720000             | 224488000       |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>               |                       |                 |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b>               | 409261000             | 422115000       |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                  |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>                  |                       |                 |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>                  | 72840000              | 78776000        |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                  | 4560025000            | 5114168000      |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                 | 81158000              | 73805000        |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                 |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>                 |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(13)</b>                 | 857500000             | 961794000       |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                 |                       |                 |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>                 |                       |                 |

|                                                                          |              |                       |                 |
|--------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| <b>1d</b> Employer-related investments:                                  |              | (a) Beginning of Year | (b) End of Year |
| (1) Employer securities.....                                             | <b>1d(1)</b> | 233891000             | 290355000       |
| (2) Employer real property.....                                          | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation.....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e).....      | <b>1f</b>    | 6478512000            | 7183243000      |
| <b>Liabilities</b>                                                       |              |                       |                 |
| <b>g</b> Benefit claims payable.....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables.....                                         | <b>1h</b>    |                       |                 |
| <b>i</b> Acquisition indebtedness.....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities.....                                          | <b>1j</b>    | 1164000               | 1246000         |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j)..... | <b>1k</b>    | 1164000               | 1246000         |
| <b>Net Assets</b>                                                        |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f).....                 | <b>1l</b>    | 6477348000            | 7181997000      |

**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.

|                                                                                              |                 |            |           |
|----------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>Income</b>                                                                                |                 | (a) Amount | (b) Total |
| <b>a Contributions:</b>                                                                      |                 |            |           |
| (1) Received or receivable in cash from: (A) Employers.....                                  | <b>2a(1)(A)</b> | 164298000  |           |
| (B) Participants.....                                                                        | <b>2a(1)(B)</b> | 208920000  |           |
| (C) Others (including rollovers).....                                                        | <b>2a(1)(C)</b> | 33713000   |           |
| (2) Noncash contributions.....                                                               | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , (B), (C), and line <b>2a(2)</b> .....   | <b>2a(3)</b>    |            | 406931000 |
| <b>b Earnings on investments:</b>                                                            |                 |            |           |
| (1) Interest:                                                                                |                 |            |           |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | <b>2b(1)(A)</b> |            |           |
| (B) U.S. Government securities.....                                                          | <b>2b(1)(B)</b> |            |           |
| (C) Corporate debt instruments.....                                                          | <b>2b(1)(C)</b> |            |           |
| (D) Loans (other than to participants).....                                                  | <b>2b(1)(D)</b> |            |           |
| (E) Participant loans.....                                                                   | <b>2b(1)(E)</b> | 5555000    |           |
| (F) Other.....                                                                               | <b>2b(1)(F)</b> | 16817000   |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through (F).....                               | <b>2b(1)(G)</b> |            | 22372000  |
| (2) Dividends: (A) Preferred stock.....                                                      | <b>2b(2)(A)</b> |            |           |
| (B) Common stock.....                                                                        | <b>2b(2)(B)</b> | 5382000    |           |
| (C) Registered investment company shares (e.g. mutual funds).....                            | <b>2b(2)(C)</b> | 17440000   |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , (B), and (C).....                           | <b>2b(2)(D)</b> |            | 22822000  |
| (3) Rents.....                                                                               | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....                           | <b>2b(4)(A)</b> | 91637000   |           |
| (B) Aggregate carrying amount (see instructions).....                                        | <b>2b(4)(B)</b> |            |           |
| (C) Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....            | <b>2b(4)(C)</b> |            |           |
| (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....                   | <b>2b(5)(A)</b> |            |           |
| (B) Other.....                                                                               | <b>2b(5)(B)</b> | 53286000   |           |
| (C) Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and (B).....       | <b>2b(5)(C)</b> |            |           |

|                                                                                                 |               | (a) Amount | (b) Total  |
|-------------------------------------------------------------------------------------------------|---------------|------------|------------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            | 576476000  |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            | 179000     |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            |            |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |            |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            | 171475000  |
| <b>c</b> Other income .....                                                                     | <b>2c</b>     |            | -2405000   |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 1342773000 |

**Expenses**

|                                                                                             |               |           |           |
|---------------------------------------------------------------------------------------------|---------------|-----------|-----------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |           |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 630616000 |           |
| (2) To insurance carriers for the provision of benefits .....                               | <b>2e(2)</b>  |           |           |
| (3) Other .....                                                                             | <b>2e(3)</b>  |           |           |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | <b>2e(4)</b>  |           | 630616000 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | <b>2f</b>     |           |           |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | <b>2g</b>     |           | 120000    |
| <b>h</b> Interest expense .....                                                             | <b>2h</b>     |           |           |
| <b>i</b> Administrative expenses:                                                           |               |           |           |
| (1) Salaries and allowances .....                                                           | <b>2i(1)</b>  |           |           |
| (2) Contract administrator fees .....                                                       | <b>2i(2)</b>  |           |           |
| (3) Recordkeeping fees .....                                                                | <b>2i(3)</b>  |           |           |
| (4) IQPA audit fees .....                                                                   | <b>2i(4)</b>  |           |           |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  | 7100000   |           |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  |           |           |
| (7) Actuarial fees .....                                                                    | <b>2i(7)</b>  |           |           |
| (8) Legal fees .....                                                                        | <b>2i(8)</b>  |           |           |
| (9) Valuation/appraisal fees .....                                                          | <b>2i(9)</b>  |           |           |
| (10) Other trustee fees and expenses .....                                                  | <b>2i(10)</b> |           |           |
| (11) Other expenses .....                                                                   | <b>2i(11)</b> | 288000    |           |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |           | 7388000   |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |           | 638124000 |

**Net Income and Reconciliation**

|                                                                               |              |  |           |
|-------------------------------------------------------------------------------|--------------|--|-----------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 704649000 |
| <b>l</b> Transfers of assets:                                                 |              |  |           |
| (1) To this plan .....                                                        | <b>2l(1)</b> |  |           |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  |           |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **DELOITTE & TOUCHE LLP**

(2) EIN: **13-3891517**

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

|                                                                                                                                                                                                                                                                                                                  | Yes                                 | No                                  | Amount    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-----------|
| <b>a</b> 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.) .....                 |                                     | <input checked="" type="checkbox"/> |           |
| <b>b</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.) ..... |                                     | <input checked="" type="checkbox"/> |           |
| <b>c</b> 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.) .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |           |
| <b>d</b> 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.) .....                                                                                                                  |                                     | <input checked="" type="checkbox"/> |           |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> |                                     | 100000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                          |                                     | <input checked="" type="checkbox"/> |           |
| <b>g</b> 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? .....                                                                                                                                       |                                     | <input checked="" type="checkbox"/> |           |
| <b>h</b> 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? .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |           |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                   | <input checked="" type="checkbox"/> |                                     |           |
| <b>j</b> 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.) .....                                                                                     |                                     | <input checked="" type="checkbox"/> |           |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                              |                                     | <input checked="" type="checkbox"/> |           |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |                                     | <input checked="" type="checkbox"/> |           |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     |                                     | <input checked="" type="checkbox"/> |           |
| <b>n</b> 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. ....                                                                                                                         |                                     |                                     |           |

**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.)

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> 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 \_\_\_\_\_.

|                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------|--|
| <div>SCHEDULE R<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>                                                                                                                    |  | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> |  | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection.</div> |  |
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |  |
| A Name of plan<br>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<br>HARTFORD FIRE INSURANCE COMPANY                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                  |  | D Employer Identification Number (EIN)<br>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):<br>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)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br>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 _____<br>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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |  |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.) ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                  |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |  |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |  |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                  |  | Schedule R (Form 5500) 2024 v. 240311                                                           |  |

**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) and (b):

**a** Enter the percentage of plan assets held as:

Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%

High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

**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.....

## **Part VII IRS Compliance Questions**

**21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☒ "Current year" ADP test

☐ N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY) and the Opinion Letter serial number\_\_\_\_\_.

# ***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, 2024 and 2023,  
and for the Year Ended December 31, 2024,  
Supplemental Schedule as of December 31, 2024,  
and Independent Auditor's Report

**The Hartford Investment and Savings Plan**  
**December 31, 2024 and 2023**  
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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.



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## **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, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, 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, 2024 and 2023, and the changes in its net assets available for benefits for the year ended December 31, 2024, 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 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.

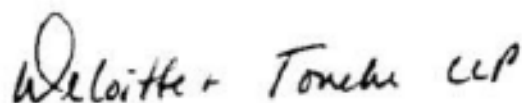
### **Supplemental Schedule Required by ERISA**

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, 2024, 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 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.

A handwritten signature in black ink that reads "Deloitte Touche LLP". The signature is written in a cursive, flowing style.

June 23, 2025

**The Hartford Investment and Savings Plan**  
**Statements of Net Assets Available for Benefits**  
**As of December 31, 2024 and 2023**

| <i>(in thousands)</i>                    | <b>For the years ended December 31,</b> |                     |
|------------------------------------------|-----------------------------------------|---------------------|
|                                          | <b>2024</b>                             | <b>2023</b>         |
| <b>Assets</b>                            |                                         |                     |
| Investments:                             |                                         |                     |
| Investments, at fair value (Note 4)      | \$ 6,530,259                            | \$ 5,766,204        |
| Investments, at contract value (Note 3)  | 615,905                                 | 678,636             |
| Total investments                        | 7,146,164                               | 6,444,840           |
| Receivables:                             |                                         |                     |
| Notes receivable from Members            | 78,776                                  | 72,840              |
| Employer contribution receivable         | 7,397                                   | 7,506               |
| Dividends, interest and other receivable | 3,738                                   | 3,752               |
| Total receivables                        | 89,911                                  | 84,098              |
| <b>Total assets</b>                      | <b>7,236,075</b>                        | <b>6,528,938</b>    |
| <b>Liabilities</b>                       |                                         |                     |
| Investment management expenses payable   | 1,246                                   | 1,164               |
| <b>Total liabilities</b>                 | <b>1,246</b>                            | <b>1,164</b>        |
| <b>Net assets available for benefits</b> | <b>\$ 7,234,829</b>                     | <b>\$ 6,527,774</b> |

**See Notes to Financial Statements.**

The Hartford Investment and Savings Plan  
Statement of Changes in Net Assets Available for Benefits  
For The Year Ended December 31, 2024

| <i>(in thousands)</i>                                                                              | <b>2024</b>      |
|----------------------------------------------------------------------------------------------------|------------------|
| <b>Changes in net assets attributed to:</b>                                                        |                  |
| <b>Contributions:</b>                                                                              |                  |
| Member contributions                                                                               | \$ 208,920       |
| Employer contributions                                                                             | 164,298          |
| Rollover contributions                                                                             | 33,713           |
| <b>Total contributions</b>                                                                         | <b>406,931</b>   |
| <b>Investment income:</b>                                                                          |                  |
| Net appreciation in fair value of investments                                                      | 893,112          |
| Dividends and interest income                                                                      | 39,639           |
| <b>Total investment income</b>                                                                     | <b>932,751</b>   |
| <b>Interest income on notes receivable from Members</b>                                            | <b>5,555</b>     |
| <b>Total contributions, investment income and interest income on notes receivable from Members</b> | <b>1,345,237</b> |
| <b>Deductions from net assets attributed to:</b>                                                   |                  |
| Benefits paid to Members                                                                           | 630,735          |
| Investment management fees                                                                         | 7,159            |
| Administrative expenses                                                                            | 288              |
| <b>Total deductions</b>                                                                            | <b>638,182</b>   |
| <b>Net increase in net assets</b>                                                                  | <b>707,055</b>   |
| <b>Net Assets Available for Benefits:</b>                                                          |                  |
| Beginning of year                                                                                  | 6,527,774        |
| End of year                                                                                        | \$ 7,234,829     |

*See Notes to Financial Statements.*

**The Hartford Investment and Savings Plan**  
**Notes to Financial Statements**  
**As of December 31, 2024 and 2023**  
**And for The Year Ended December 31, 2024**  
*(Dollar amounts in thousands, unless otherwise stated)*

## 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 Insurance Group, Inc. ("HIG"), together with its subsidiaries, ("The Hartford", or the "Company") (formerly The Hartford Financial Services Group, Inc.) is an insurance and financial services company. The Hartford, headquartered in Connecticut, is among the largest providers of property and casualty insurance, employee group benefits and insurance services, and mutual funds and exchange-traded funds to individual and business customers in the United States as well as in the United Kingdom and other international locations. 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 2024 and 2023.

### 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 HIG ("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.

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.

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 to add a year-end Matching Company contribution. See Note 9 for a general description of the amendment.

## **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 are 100% vested in Matching Company contributions and Non-Elective Company contributions after two years of service.

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 all 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.

## **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 pay 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, 2024 and 2023, forfeited non-vested account balances totaled \$4,753 and \$43, 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, 2024, Matching Company contributions were reduced by \$683 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.

### Risks and Uncertainties

The Plan provides various investment options to its Members. Investments, 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 investments, such as a pandemic or international conflict. Due to the level of risk associated with certain investments, it is possible that changes in the values of investments, 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 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, 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 2024 or 2023.

### 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.

### 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 for investments in mutual funds and collective investment trusts.

**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 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:

| <b>Contract Issuer</b>           | <b>Contract Number</b> | <b>Major Credit Ratings</b> | <b>As of 12/31/2024<br/>Investments at<br/>Contract Value</b> | <b>As of 12/31/2023<br/>Investments at<br/>Contract Value</b> |
|----------------------------------|------------------------|-----------------------------|---------------------------------------------------------------|---------------------------------------------------------------|
| <b>Synthetic GIC Contracts:</b>  |                        |                             |                                                               |                                                               |
| Transamerica Premier Life        | MDA01097TR             | AA- / Aa2                   | \$ 172,315                                                    | \$ 189,311                                                    |
| American General Life            | 1646368                | AA / Aa2                    | 83,298                                                        | 91,641                                                        |
| American General Life            | 1635582                | AA+ / Aa2                   | 65,278                                                        | 71,677                                                        |
| RGA                              | RGA00058               | AA / Aa2                    | 73,358                                                        | 81,193                                                        |
| Prudential                       | GA62433                | AA / Aa1                    | 142,311                                                       | 157,488                                                       |
| <b>Traditional GIC Contract:</b> |                        |                             |                                                               |                                                               |
| New York Life                    | GA29021                | AA+ / Aaa                   | 79,345                                                        | 87,326                                                        |
| <b>Total</b>                     |                        |                             | <b>\$ 615,905</b>                                             | <b>\$ 678,636</b>                                             |

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 include 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.

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 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.

**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 2024 or 2023.

*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 net asset value ("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, 2024 and 2023 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, 2024 and 2023.

| <b>Investment Assets at Fair Value December 31, 2024</b> |                                                     |                                      |                                                 |                     |
|----------------------------------------------------------|-----------------------------------------------------|--------------------------------------|-------------------------------------------------|---------------------|
|                                                          | Active Markets for<br>Identical Assets<br>(Level 1) | Other Observable<br>Inputs (Level 2) | Significant<br>Unobservable<br>Inputs (Level 3) | Total               |
| <b>Invested Assets</b>                                   |                                                     |                                      |                                                 |                     |
| Short Term Investments                                   | \$ 6,607                                            | \$ —                                 | \$ —                                            | \$ 6,607            |
| Mutual Funds                                             | 961,794                                             | —                                    | —                                               | 961,794             |
| Equity Securities                                        | 712,470                                             | —                                    | —                                               | 712,470             |
| <b>Total Investments at fair value</b>                   | <b>\$ 1,680,871</b>                                 | <b>\$ —</b>                          | <b>\$ —</b>                                     | <b>\$ 1,680,871</b> |
| <b>Investments at net asset value:</b>                   |                                                     |                                      |                                                 |                     |
| Collective investment trusts                             |                                                     |                                      |                                                 | 4,849,388           |
| <b>Total investments</b>                                 |                                                     |                                      |                                                 | <b>\$ 6,530,259</b> |

| <b>Investment Assets at Fair Value December 31, 2023</b> |                                                     |                                      |                                                 |                     |
|----------------------------------------------------------|-----------------------------------------------------|--------------------------------------|-------------------------------------------------|---------------------|
|                                                          | Active Markets for<br>Identical Assets<br>(Level 1) | Other Observable<br>Inputs (Level 2) | Significant<br>Unobservable<br>Inputs (Level 3) | Total               |
| <b>Invested Assets</b>                                   |                                                     |                                      |                                                 |                     |
| Short Term Investments                                   | \$ 5,861                                            | \$ —                                 | \$ —                                            | \$ 5,861            |
| Mutual Funds                                             | 857,500                                             | —                                    | —                                               | 857,500             |
| Equity Securities                                        | 643,151                                             | —                                    | —                                               | 643,151             |
| <b>Total Investments at fair value</b>                   | <b>\$ 1,506,512</b>                                 | <b>\$ —</b>                          | <b>\$ —</b>                                     | <b>\$ 1,506,512</b> |
| <b>Investments at net asset value:</b>                   |                                                     |                                      |                                                 |                     |
| Collective investment trusts                             |                                                     |                                      |                                                 | 4,259,692           |
| <b>Total investments</b>                                 |                                                     |                                      |                                                 | <b>\$ 5,766,204</b> |

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.

## 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, 2024 and 2023:

|                                                                                                | 2024         | 2023         |
|------------------------------------------------------------------------------------------------|--------------|--------------|
| Net assets available for benefits per accompanying financial statements                        | \$ 7,234,829 | \$ 6,527,774 |
| Adjustment from contract value to fair value for fully benefit-responsive investment contracts | (52,832)     | (50,426)     |
| Net assets per Form 5500                                                                       | \$ 7,181,997 | \$ 6,477,348 |

The following is a reconciliation of total investment income, 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, 2024:

|                                                                                                                                   |    |           |
|-----------------------------------------------------------------------------------------------------------------------------------|----|-----------|
| Total contributions, investment income and interest income on notes receivable from Members per accompanying financial statements | \$ | 1,345,237 |
| Adjustment from contract value to fair value for fully benefit-responsive investment contracts at beginning of the year           |    | 50,426    |
| Adjustment from contract value to fair value for fully benefit-responsive investment contracts at end of the year                 |    | (52,832)  |
| Total income per Form 5500                                                                                                        | \$ | 1,342,831 |

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, 2024:

|                                                                |    |         |
|----------------------------------------------------------------|----|---------|
| Benefits paid to Members per accompanying financial statements | \$ | 630,735 |
| Deduct amounts allocated to deemed loan distributions          |    | (120)   |
| Benefits paid to Members per Form 5500                         | \$ | 630,615 |

## 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, 2024 and 2023, the fair value of affiliated mutual funds held by the Plan was \$800,539 and \$717,063, respectively. At December 31, 2024 and 2023, the Plan held 2,666,134 shares and 2,928,005 shares of Hartford Stock with a cost basis of \$94,356 and \$102,343, respectively. The shares of Hartford Stock had a fair value of \$291,675 and \$235,353 at December 31, 2024 and 2023, respectively. During the years ended December 31, 2024 and 2023, purchases of shares by the Plan totaled \$1,961 and \$3,680, respectively, and sales of shares by the Plan totaled \$29,797 and \$15,576, respectively. During the year ended December 31, 2024, the Plan recorded dividend income from Hartford Stock and The Hartford's mutual funds of \$5,381.

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, 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. As a result of this amendment, the Company contributed \$7.5 million to the Plan in March 2024. Such was recorded as an employer contribution receivable in the financial statements as of December 31, 2023.

Effective January 1, 2024, the Plan was amended to:

- No longer require 90 days of service before participants are eligible to receive Matching Company contributions and Non-Elective Company contributions; and
- Change the vesting schedule so that a participant who has service with the Company on or after January 1, 2024, will be 100% vested in all company contributions after two years of service. Prior to the amendment, certain participants did not become 100% vested in company contributions until after three years of service.

## Note 10. Subsequent Events

Management has evaluated events subsequent to December 31, 2024, through the date the financial statements were issued, noting there are no subsequent events requiring adjustment or disclosure in the financial statements.

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**The Hartford Investment and Savings Plan Supplemental Schedule**  
**Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at the End of Year)**  
**As of December 31, 2024**  
**(\$ 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 |
|-----|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------|-------------------|
|     | <b>Chartwell Equity Securities</b>                        |                                                                                                            |          |                   |
|     | AAR CORP                                                  |                                                                                                            | **       | \$ 828            |
|     | AIR LEASE CORP                                            |                                                                                                            | **       | 897               |
|     | ASHLAND INC                                               |                                                                                                            | **       | 653               |
|     | AVIENT CORP                                               |                                                                                                            | **       | 763               |
|     | BLACK HILLS CORP                                          |                                                                                                            | **       | 975               |
|     | BLACKBAUD INC                                             |                                                                                                            | **       | 728               |
|     | CACTUS INC A                                              |                                                                                                            | **       | 1,227             |
|     | CHAMPIONX CORP                                            |                                                                                                            | **       | 1,267             |
|     | CNX RESOURCES CORP                                        |                                                                                                            | **       | 1,091             |
|     | COLUMBIA BANKING SYSTEM INC                               |                                                                                                            | **       | 1,337             |
|     | COLUMBUS MCKINNON CORP/NY                                 |                                                                                                            | **       | 1,776             |
|     | CTS CORP                                                  |                                                                                                            | **       | 832               |
|     | CUSHMAN + WAKEFIELD PLC                                   |                                                                                                            | **       | 1,743             |
|     | CVB FINANCIAL CORP                                        |                                                                                                            | **       | 1,317             |
|     | DIODES INC                                                |                                                                                                            | **       | 1,021             |
|     | EDGEWELL PERSONAL CARE CO                                 |                                                                                                            | **       | 1,088             |
|     | ELEMENT SOLUTIONS INC                                     |                                                                                                            | **       | 1,181             |
|     | ENOVIS CORP                                               |                                                                                                            | **       | 1,223             |
|     | ENPRO INC                                                 |                                                                                                            | **       | 1,547             |
|     | ENVISTA HOLDINGS CORP                                     |                                                                                                            | **       | 687               |
|     | FIRST FINANCIAL BANCORP                                   |                                                                                                            | **       | 1,100             |
|     | FIRST INDUSTRIAL REALTY TR                                |                                                                                                            | **       | 657               |
|     | FNB CORP                                                  |                                                                                                            | **       | 1,491             |
|     | FOUR CORNERS PROPERTY TRUST                               |                                                                                                            | **       | 879               |
|     | GATES INDUSTRIAL CORP PLC                                 |                                                                                                            | **       | 1,492             |
|     | GOVERNMENT STIF 12                                        |                                                                                                            | **       | 1,680             |
|     | HELEN OF TROY LTD                                         |                                                                                                            | **       | 516               |
|     | HELIOS TECHNOLOGIES INC                                   |                                                                                                            | **       | 599               |
|     | HIGHWOODS PROPERTIES INC                                  |                                                                                                            | **       | 770               |
|     | HUB GROUP INC CL A                                        |                                                                                                            | **       | 1,196             |
|     | ICHOR HOLDINGS LTD                                        |                                                                                                            | **       | 1,290             |
|     | INDEPENDENCE REALTY TRUST IN                              |                                                                                                            | **       | 862               |
|     | INDEPENDENT BANK GROUP INC                                |                                                                                                            | **       | 921               |
|     | INTEGER HOLDINGS CORP                                     |                                                                                                            | **       | 956               |
|     | IPG PHOTONICS CORP                                        |                                                                                                            | **       | 886               |
|     | JACK IN THE BOX INC                                       |                                                                                                            | **       | 1,067             |
|     | JBT MAREL CORP                                            |                                                                                                            | **       | 1,633             |
|     | KEMPER CORP                                               |                                                                                                            | **       | 1,897             |

**The Hartford Investment and Savings Plan Supplemental Schedule**  
**Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at the End of Year)**  
**As of December 31, 2024**  
**(\$ 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 |
|-----|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------|-------------------|
|     | <b>Chartwell Equity Securities</b>                        |                                                                                                            |          |                   |
|     | KITE REALTY GROUP TRUST                                   |                                                                                                            | **       | 1,375             |
|     | KORN FERRY                                                |                                                                                                            | **       | 1,208             |
|     | MALIBU BOATS INC A                                        |                                                                                                            | **       | 1,151             |
|     | MATADOR RESOURCES CO                                      |                                                                                                            | **       | 1,006             |
|     | METHANEX CORP                                             |                                                                                                            | **       | 2,048             |
|     | MINERALS TECHNOLOGIES INC                                 |                                                                                                            | **       | 1,587             |
|     | MOOG INC CLASS A                                          |                                                                                                            | **       | 826               |
|     | MUELLER WATER PRODUCTS INC A                              |                                                                                                            | **       | 918               |
|     | NOMAD FOODS LTD                                           |                                                                                                            | **       | 984               |
|     | NORTHWESTERN ENERGY GROUP IN                              |                                                                                                            | **       | 1,212             |
|     | OLD NATIONAL BANCORP                                      |                                                                                                            | **       | 1,897             |
|     | OXFORD INDUSTRIES INC                                     |                                                                                                            | **       | 583               |
|     | PACIFIC PREMIER BANCORP INC                               |                                                                                                            | **       | 1,108             |
|     | PATTERSON COS INC                                         |                                                                                                            | **       | 1,575             |
|     | PATTERSON UTI ENERGY INC                                  |                                                                                                            | **       | 554               |
|     | PEBBLEBROOK HOTEL TRUST                                   |                                                                                                            | **       | 963               |
|     | PLEXUS CORP                                               |                                                                                                            | **       | 862               |
|     | PRA GROUP INC                                             |                                                                                                            | **       | 995               |
|     | PRIMO BRANDS CORP                                         |                                                                                                            | **       | 1,479             |
|     | PROGRESS SOFTWARE CORP                                    |                                                                                                            | **       | 1,223             |
|     | PROVIDENT FINANCIAL SERVICES                              |                                                                                                            | **       | 1,087             |
|     | RENASANT CORP                                             |                                                                                                            | **       | 1,432             |
|     | RUSH ENTERPRISES INC CL A                                 |                                                                                                            | **       | 1,321             |
|     | RYMAN HOSPITALITY PROPERTIES                              |                                                                                                            | **       | 1,070             |
|     | SANDY SPRING BANCORP INC                                  |                                                                                                            | **       | 845               |
|     | SELECTIVE INSURANCE GROUP                                 |                                                                                                            | **       | 1,429             |
|     | SIX FLAGS ENTERTAINMENT CORP                              |                                                                                                            | **       | 1,490             |
|     | STAG INDUSTRIAL INC                                       |                                                                                                            | **       | 971               |
|     | TOWNE BANK                                                |                                                                                                            | **       | 1,520             |
|     | TREEHOUSE FOODS INC                                       |                                                                                                            | **       | 1,543             |
|     | TRI POINTE HOMES INC                                      |                                                                                                            | **       | 707               |
|     | TRIMAS CORP                                               |                                                                                                            | **       | 735               |
|     | TXNM ENERGY INC                                           |                                                                                                            | **       | 2,052             |
|     | UNIFIRST CORP/MA                                          |                                                                                                            | **       | 1,061             |
|     | UNITED BANKSHARES INC                                     |                                                                                                            | **       | 1,448             |
|     | UNITED COMMUNITY BANKS/GA                                 |                                                                                                            | **       | 1,217             |

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**(\$ In Thousands)**

| (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 |
|-----------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------|-----------|-------------------|
| <b>Chartwell Equity Securities</b>                        |  |                                                                                                            |           |                   |
| VISTEON CORP                                              |  |                                                                                                            | **        | 1,401             |
| <b>Chartwell Equity Securities Total</b>                  |  |                                                                                                            | <b>\$</b> | <b>86,956</b>     |

\* Indicates party-in-interest.

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|-----|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------|-------------------|
|     | <b>Clearing Account</b>                                   |                                                                                                            |          |                   |
|     | STATE STREET BANK AND TRUST                               |                                                                                                            | **       | \$ 92             |
|     | <b>Clearing Account Total</b>                             |                                                                                                            |          | <b>\$ 92</b>      |

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|-------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-----------|-------------------|
| <b>Collective Investment Trusts</b>       |                                                           |                                                                                                            |           |                   |
|                                           | SSGA                                                      | SSGA REAL ASSET FUND                                                                                       | **        | \$ 19,735         |
|                                           | SPRUCEGROVE                                               | INTERNATIONAL STOCK FUND                                                                                   | **        | 88,883            |
|                                           | STATE STREET                                              | SSGA S&P 500 INDEX NON LENDING                                                                             | **        | 1,271,379         |
|                                           | STATE STREET                                              | STATE STREET                                                                                               | **        | 163,753           |
|                                           | STATE STREET                                              | STATE STREET                                                                                               | **        | 247,611           |
|                                           | VANGUARD GROUP                                            | TARGET RETIREMENT 2050                                                                                     | **        | 283,515           |
|                                           | VANGUARD GROUP                                            | TARGET RETIREMENT 2045                                                                                     | **        | 457,215           |
|                                           | VANGUARD GROUP                                            | TARGET RETIREMENT 2040                                                                                     | **        | 265,063           |
|                                           | VANGUARD GROUP                                            | TARGET RETIREMENT 2035                                                                                     | **        | 513,021           |
|                                           | VANGUARD GROUP                                            | TARGET RETIREMENT 2030                                                                                     | **        | 271,127           |
|                                           | VANGUARD GROUP                                            | TARGET RETIREMENT 2025                                                                                     | **        | 300,604           |
|                                           | VANGUARD GROUP                                            | TARGET RETIREMENT 2020                                                                                     | **        | 67,478            |
|                                           | VANGUARD GROUP                                            | TARGET RETIREMENT 2070                                                                                     | **        | 3,206             |
|                                           | VANGUARD GROUP                                            | TARGET RETIREMENT INCOME FUND                                                                              | **        | 94,395            |
|                                           | VANGUARD GROUP                                            | TARGET RETIREMENT 2055                                                                                     | **        | 198,864           |
|                                           | VANGUARD GROUP                                            | TARGET RETIREMENT 2060                                                                                     | **        | 109,830           |
|                                           | VANGUARD GROUP                                            | TARGET RETIREMENT 2065                                                                                     | **        | 27,401            |
| <b>Collective Investment Trusts Total</b> |                                                           |                                                                                                            | <b>\$</b> | <b>4,383,081</b>  |

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|------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------|----------|-------------------|
| <b>Loomis Sayles Growth Fund</b>                                 |  |                                                                                                                     |          |                   |
| LOOMIS SAYLES TR CO LLC                                          |  |                                                                                                                     | **       | \$ 452,670        |
| <b>Loomis Sayles Growth Fund Total</b>                           |  |                                                                                                                     |          | <b>\$ 452,670</b> |

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|-----|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------|-------------------|
|     | <b>Lee Munder Equity Securities</b>                       |                                                                                                            |          |                   |
|     | AERCAP HOLDINGS NV                                        | **                                                                                                         | \$       | 2,206             |
|     | AGREE REALTY CORP                                         | **                                                                                                         |          | 2,046             |
|     | AKAMAI TECHNOLOGIES INC                                   | **                                                                                                         |          | 2,040             |
|     | ALEXANDRIA REAL ESTATE EQUIT                              | **                                                                                                         |          | 1,348             |
|     | ALLSTATE CORP                                             | **                                                                                                         |          | 3,354             |
|     | AMERICAN INTERNATIONAL GROUP                              | **                                                                                                         |          | 2,165             |
|     | AMERIPRISE FINANCIAL INC                                  | **                                                                                                         |          | 1,644             |
|     | ARAMARK                                                   | **                                                                                                         |          | 1,357             |
|     | AXALTA COATING SYSTEMS LTD                                | **                                                                                                         |          | 1,192             |
|     | BERRY GLOBAL GROUP INC                                    | **                                                                                                         |          | 1,436             |
|     | BORGWARNER INC                                            | **                                                                                                         |          | 807               |
|     | CASEY S GENERAL STORES INC                                | **                                                                                                         |          | 1,320             |
|     | CENCORA INC                                               | **                                                                                                         |          | 2,110             |
|     | CENTERPOINT ENERGY INC                                    | **                                                                                                         |          | 1,485             |
|     | CHAMPIONX CORP                                            | **                                                                                                         |          | 1,969             |
|     | CLEAN HARBORS INC                                         | **                                                                                                         |          | 3,063             |
|     | COLUMBIA SPORTSWEAR CO                                    | **                                                                                                         |          | 1,520             |
|     | CONSTELLATION BRANDS INC A                                | **                                                                                                         |          | 1,374             |
|     | COTERRA ENERGY INC                                        | **                                                                                                         |          | 1,582             |
|     | DARLING INGREDIENTS INC                                   | **                                                                                                         |          | 1,350             |
|     | DIAMONDBACK ENERGY INC                                    | **                                                                                                         |          | 1,494             |
|     | DISCOVER FINANCIAL SERVICES                               | **                                                                                                         |          | 1,734             |
|     | DOLLAR TREE INC                                           | **                                                                                                         |          | 790               |
|     | DOVER CORP                                                | **                                                                                                         |          | 1,869             |
|     | DTE ENERGY COMPANY                                        | **                                                                                                         |          | 2,069             |
|     | ENCOMPASS HEALTH CORP                                     | **                                                                                                         |          | 2,426             |
|     | ENTERGY CORP                                              | **                                                                                                         |          | 2,919             |
|     | ENVISTA HOLDINGS CORP                                     | **                                                                                                         |          | 704               |
|     | EPAM SYSTEMS INC                                          | **                                                                                                         |          | 1,537             |
|     | ESSEX PROPERTY TRUST INC                                  | **                                                                                                         |          | 1,505             |
|     | EVERGY INC                                                | **                                                                                                         |          | 1,347             |
|     | F5 INC                                                    | **                                                                                                         |          | 2,207             |
|     | FIRST HORIZON CORP                                        | **                                                                                                         |          | 2,550             |
|     | FMC CORP                                                  | **                                                                                                         |          | 1,518             |
|     | GENPACT LTD                                               | **                                                                                                         |          | 2,139             |
|     | GENTEX CORP                                               | **                                                                                                         |          | 1,267             |
|     | GLOBAL PAYMENTS INC                                       | **                                                                                                         |          | 2,123             |
|     | GOVERNMENT STIF 12                                        | **                                                                                                         |          | 2,401             |

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|-----|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-----------|-------------------|
|     | <b>Lee Munder Equity Securities</b>                       |                                                                                                            |           |                   |
|     | HASBRO INC                                                |                                                                                                            | **        | 1,448             |
|     | HEXCEL CORP                                               |                                                                                                            | **        | 1,262             |
|     | HOLOGIC INC                                               |                                                                                                            | **        | 1,737             |
|     | HOST HOTELS + RESORTS INC                                 |                                                                                                            | **        | 739               |
|     | HUMANA INC                                                |                                                                                                            | **        | 744               |
|     | INGREDION INC                                             |                                                                                                            | **        | 2,055             |
|     | INTL FLAVORS + FRAGRANCES                                 |                                                                                                            | **        | 1,431             |
|     | KEYSIGHT TECHNOLOGIES IN                                  |                                                                                                            | **        | 2,446             |
|     | L3HARRIS TECHNOLOGIES INC                                 |                                                                                                            | **        | 1,206             |
|     | LABCORP HOLDINGS INC                                      |                                                                                                            | **        | 2,259             |
|     | LAMB WESTON HOLDINGS INC                                  |                                                                                                            | **        | 1,816             |
|     | LEIDOS HOLDINGS INC                                       |                                                                                                            | **        | 2,494             |
|     | LKQ CORP                                                  |                                                                                                            | **        | 1,579             |
|     | MID AMERICA APARTMENT COMM                                |                                                                                                            | **        | 1,916             |
|     | NISOURCE INC                                              |                                                                                                            | **        | 2,038             |
|     | PARKER HANNIFIN CORP                                      |                                                                                                            | **        | 2,083             |
|     | PERMIAN RESOURCES CORP                                    |                                                                                                            | **        | 1,667             |
|     | PINNACLE FINANCIAL PARTNERS                               |                                                                                                            | **        | 1,685             |
|     | PTC INC                                                   |                                                                                                            | **        | 2,028             |
|     | QORVO INC                                                 |                                                                                                            | **        | 1,378             |
|     | REGAL REXNORD CORP                                        |                                                                                                            | **        | 3,070             |
|     | REINSURANCE GROUP OF AMERICA                              |                                                                                                            | **        | 2,504             |
|     | SCOTTS MIRACLE GRO CO                                     |                                                                                                            | **        | 521               |
|     | SNAP ON INC                                               |                                                                                                            | **        | 1,300             |
|     | STARWOOD PROPERTY TRUST INC                               |                                                                                                            | **        | 1,585             |
|     | TREEHOUSE FOODS INC                                       |                                                                                                            | **        | 1,358             |
|     | TYSON FOODS INC CL A                                      |                                                                                                            | **        | 2,266             |
|     | VALVOLINE INC                                             |                                                                                                            | **        | 1,487             |
|     | WABTEC CORP                                               |                                                                                                            | **        | 1,876             |
|     | WEBSTER FINANCIAL CORP                                    |                                                                                                            | **        | 1,380             |
|     | WEC ENERGY GROUP INC                                      |                                                                                                            | **        | 2,341             |
|     | WESCO INTERNATIONAL INC                                   |                                                                                                            | **        | 2,614             |
|     | WILLIS TOWERS WATSON PLC                                  |                                                                                                            | **        | 2,268             |
|     | ZIMMER BIOMET HOLDINGS INC                                |                                                                                                            | **        | 1,794             |
|     | <b>Lee Munder Equity Securities Total</b>                 |                                                                                                            | <b>\$</b> | <b>128,342</b>    |

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|-----|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------|-------------------|
|     | <b>T. Rowe Price</b>                                      |                                                                                                            |          |                   |
|     | 10X GENOMICS INC CLASS A                                  |                                                                                                            | ** \$    | 58                |
|     | A10 NETWORKS INC                                          |                                                                                                            | **       | 175               |
|     | AAON INC                                                  |                                                                                                            | **       | 418               |
|     | ABERCROMBIE + FITCH CO CL A                               |                                                                                                            | **       | 567               |
|     | ACADEMY SPORTS + OUTDOORS IN                              |                                                                                                            | **       | 164               |
|     | ACADIA PHARMACEUTICALS INC                                |                                                                                                            | **       | 73                |
|     | ACI WORLDWIDE INC                                         |                                                                                                            | **       | 332               |
|     | ADDUS HOMECARE CORP                                       |                                                                                                            | **       | 207               |
|     | ADMA BIOLOGICS INC                                        |                                                                                                            | **       | 266               |
|     | ADVANCED ENERGY INDUSTRIES                                |                                                                                                            | **       | 197               |
|     | AFFILIATED MANAGERS GROUP                                 |                                                                                                            | **       | 174               |
|     | AGILYSYS INC                                              |                                                                                                            | **       | 396               |
|     | AGIOS PHARMACEUTICALS INC                                 |                                                                                                            | **       | 116               |
|     | AKERO THERAPEUTICS INC                                    |                                                                                                            | **       | 116               |
|     | ALKERMES PLC                                              |                                                                                                            | **       | 297               |
|     | ALPHA METALLURGICAL RESOURCE                              |                                                                                                            | **       | 160               |
|     | AMICUS THERAPEUTICS INC                                   |                                                                                                            | **       | 90                |
|     | AMPHASTAR PHARMACEUTICALS IN                              |                                                                                                            | **       | 155               |
|     | API GROUP CORP                                            |                                                                                                            | **       | 540               |
|     | APPLIED INDUSTRIAL TECH INC                               |                                                                                                            | **       | 523               |
|     | ARCBEST CORP                                              |                                                                                                            | **       | 37                |
|     | ARCELLX INC                                               |                                                                                                            | **       | 127               |
|     | ARVINAS INC                                               |                                                                                                            | **       | 89                |
|     | ASBURY AUTOMOTIVE GROUP                                   |                                                                                                            | **       | 143               |
|     | ASCENDIS PHARMA A/S ADR                                   |                                                                                                            | **       | 55                |
|     | ASGN INC                                                  |                                                                                                            | **       | 198               |
|     | ATI INC                                                   |                                                                                                            | **       | 456               |
|     | ATLAS ENERGY SOLUTIONS INC                                |                                                                                                            | **       | 102               |
|     | ATMUS FILTRATION TECHNOLOGIE                              |                                                                                                            | **       | 476               |
|     | AURORA INNOVATION INC                                     |                                                                                                            | **       | 73                |
|     | AVIDITY BIOSCIENCES INC                                   |                                                                                                            | **       | 218               |
|     | AXALTA COATING SYSTEMS LTD                                |                                                                                                            | **       | 416               |
|     | AXCELIS TECHNOLOGIES INC                                  |                                                                                                            | **       | 281               |
|     | AZEK CO INC/THE                                           |                                                                                                            | **       | 564               |
|     | BADGER METER INC                                          |                                                                                                            | **       | 276               |
|     | BALCHEM CORP                                              |                                                                                                            | **       | 264               |
|     | BANCORP INC/THE                                           |                                                                                                            | **       | 333               |
|     | BEAM THERAPEUTICS INC                                     |                                                                                                            | **       | 40                |

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|----------------------|---------------------------------------------|------------------------------------------------------------------------------------------------------------|----------|-------------------|
| <b>T. Rowe Price</b> |                                             |                                                                                                            |          |                   |
|                      | BELDEN INC                                  |                                                                                                            | **       | 520               |
|                      | BELLRING BRANDS INC                         |                                                                                                            | **       | 488               |
|                      | BIOHAVEN LTD                                |                                                                                                            | **       | 262               |
|                      | BLACKBAUD INC                               |                                                                                                            | **       | 214               |
|                      | BLACKLINE INC                               |                                                                                                            | **       | 103               |
|                      | BLOOMIN BRANDS INC                          |                                                                                                            | **       | 52                |
|                      | BLUE OWL CAPITAL INC                        |                                                                                                            | **       | 368               |
|                      | BLUEPRINT MEDICINES CORP                    |                                                                                                            | **       | 310               |
|                      | BOISE CASCADE CO                            |                                                                                                            | **       | 229               |
|                      | BOOZ ALLEN HAMILTON HOLDINGS                |                                                                                                            | **       | 311               |
|                      | BOX INC CLASS A                             |                                                                                                            | **       | 198               |
|                      | BOYD GAMING CORP                            |                                                                                                            | **       | 322               |
|                      | BRAZE INC A                                 |                                                                                                            | **       | 249               |
|                      | BRIDGEBIO PHARMA INC                        |                                                                                                            | **       | 189               |
|                      | BRIGHT HORIZONS FAMILY SOLUT                |                                                                                                            | **       | 202               |
|                      | BRINK S CO/THE                              |                                                                                                            | **       | 325               |
|                      | BRINKER INTERNATIONAL INC                   |                                                                                                            | **       | 187               |
|                      | BROADRIDGE FINANCIAL SOLUTIO                |                                                                                                            | **       | 243               |
|                      | BRUNSWICK CORP                              |                                                                                                            | **       | 79                |
|                      | BUILDERS FIRSTSOURCE INC                    |                                                                                                            | **       | 133               |
|                      | BWX TECHNOLOGIES INC                        |                                                                                                            | **       | 277               |
|                      | CABOT CORP                                  |                                                                                                            | **       | 291               |
|                      | CACI INTERNATIONAL INC CL A                 |                                                                                                            | **       | 78                |
|                      | CADRE HOLDINGS INC                          |                                                                                                            | **       | 94                |
|                      | CARPENTER TECHNOLOGY                        |                                                                                                            | **       | 221               |
|                      | CARS.COM INC                                |                                                                                                            | **       | 95                |
|                      | CARVANA CO                                  |                                                                                                            | **       | 216               |
|                      | CASELLA WASTE SYSTEMS INC A                 |                                                                                                            | **       | 360               |
|                      | CASEY S GENERAL STORES INC                  |                                                                                                            | **       | 355               |
|                      | CATALYST PHARMACEUTICALS INC                |                                                                                                            | **       | 177               |
|                      | CAVCO INDUSTRIES INC                        |                                                                                                            | **       | 317               |
|                      | CBIZ INC                                    |                                                                                                            | **       | 387               |
|                      | CCC INTELLIGENT SOLUTIONS HO                |                                                                                                            | **       | 513               |
|                      | CELLEX THERAPEUTICS INC                     |                                                                                                            | **       | 106               |
|                      | CENTRUS ENERGY CORP CLASS A                 |                                                                                                            | **       | 95                |
|                      | CHAMPION HOMES INC                          |                                                                                                            | **       | 233               |
|                      | CHARLES RIVER LABORATORIES                  |                                                                                                            | **       | 135               |
|                      | CHOICE HOTELS INTL INC                      |                                                                                                            | **       | 60                |
|                      | CHURCHILL DOWNS INC                         |                                                                                                            | **       | 286               |

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|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------|-------------------|
| <b>T. Rowe Price</b>                                      |                                                                                                            |          |                   |
| CIRRUS LOGIC INC                                          |                                                                                                            | **       | 270               |
| CLEAN HARBORS INC                                         |                                                                                                            | **       | 359               |
| CLEANSARK INC                                             |                                                                                                            | **       | 46                |
| CNX RESOURCES CORP                                        |                                                                                                            | **       | 290               |
| COCA COLA CONSOLIDATED INC                                |                                                                                                            | **       | 625               |
| COMFORT SYSTEMS USA INC                                   |                                                                                                            | **       | 183               |
| COMMVAULT SYSTEMS INC                                     |                                                                                                            | **       | 517               |
| CONCENTRA GROUP HOLDINGS W/I                              |                                                                                                            | **       | 73                |
| CONMED CORP                                               |                                                                                                            | **       | 76                |
| CORE + MAIN INC CLASS A                                   |                                                                                                            | **       | 54                |
| CORE NATURAL RESOURCES INC                                |                                                                                                            | **       | 213               |
| CORVEL CORP                                               |                                                                                                            | **       | 530               |
| CRANE CO                                                  |                                                                                                            | **       | 306               |
| CREDO TECHNOLOGY GROUP HOLDI                              |                                                                                                            | **       | 282               |
| CRINETICS PHARMACEUTICALS IN                              |                                                                                                            | **       | 318               |
| CROCS INC                                                 |                                                                                                            | **       | 168               |
| CSW INDUSTRIALS INC                                       |                                                                                                            | **       | 523               |
| CURTISS WRIGHT CORP                                       |                                                                                                            | **       | 546               |
| CYTOKINETICS INC                                          |                                                                                                            | **       | 261               |
| DECKERS OUTDOOR CORP                                      |                                                                                                            | **       | 269               |
| DENALI THERAPEUTICS INC                                   |                                                                                                            | **       | 144               |
| DESCARTES SYSTEMS GRP/THE                                 |                                                                                                            | **       | 640               |
| DICK S SPORTING GOODS INC                                 |                                                                                                            | **       | 283               |
| DIODES INC                                                |                                                                                                            | **       | 269               |
| DISC MEDICINE INC                                         |                                                                                                            | **       | 154               |
| DOMINO S PIZZA INC                                        |                                                                                                            | **       | 155               |
| DONNELLEY FINANCIAL SOLUTION                              |                                                                                                            | **       | 267               |
| DOUBLEVERIFY HOLDINGS INC                                 |                                                                                                            | **       | 249               |
| DUOLINGO                                                  |                                                                                                            | **       | 570               |
| DYCOM INDUSTRIES INC                                      |                                                                                                            | **       | 168               |
| DYNATRACE INC                                             |                                                                                                            | **       | 286               |
| DYNE THERAPEUTICS INC                                     |                                                                                                            | **       | 78                |
| EAGLE MATERIALS INC                                       |                                                                                                            | **       | 458               |
| ELEMENT SOLUTIONS INC                                     |                                                                                                            | **       | 144               |
| ELF BEAUTY INC                                            |                                                                                                            | **       | 268               |
| EMCOR GROUP INC                                           |                                                                                                            | **       | 308               |
| ENCOMPASS HEALTH CORP                                     |                                                                                                            | **       | 733               |
| ENDEAVOR GROUP HOLD CLASS A                               |                                                                                                            | **       | 425               |
| ENSIGN GROUP INC/THE                                      |                                                                                                            | **       | 673               |

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| <b>T. Rowe Price</b>                                          |                                                                                                            |          |                   |
| ENTEGRIS INC                                                  |                                                                                                            | **       | 172               |
| EPLUS INC                                                     |                                                                                                            | **       | 96                |
| EQUITY LIFESTYLE PROPERTIES                                   |                                                                                                            | **       | 145               |
| ESAB CORP                                                     |                                                                                                            | **       | 539               |
| EURONET WORLDWIDE INC                                         |                                                                                                            | **       | 335               |
| EVERTEC INC                                                   |                                                                                                            | **       | 167               |
| EVOLENT HEALTH INC A                                          |                                                                                                            | **       | 47                |
| EXACT SCIENCES CORP                                           |                                                                                                            | **       | 268               |
| EXELIXIS INC                                                  |                                                                                                            | **       | 416               |
| EXLSERVICE HOLDINGS INC                                       |                                                                                                            | **       | 568               |
| EXPAND ENERGY CORP                                            |                                                                                                            | **       | 186               |
| EXPRO GROUP HOLDINGS NV                                       |                                                                                                            | **       | 54                |
| EXTREME NETWORKS INC                                          |                                                                                                            | **       | 83                |
| FABRINET                                                      |                                                                                                            | **       | 635               |
| FAIR ISAAC CORP                                               |                                                                                                            | **       | 410               |
| FEDERAL SIGNAL CORP                                           |                                                                                                            | **       | 493               |
| FIRST ADVANTAGE CORP                                          |                                                                                                            | **       | 112               |
| FIRST BANCORP PUERTO RICO                                     |                                                                                                            | **       | 323               |
| FIRST INDUSTRIAL REALTY TR                                    |                                                                                                            | **       | 151               |
| FLUOR CORP                                                    |                                                                                                            | **       | 99                |
| FORMFACTOR INC                                                |                                                                                                            | **       | 177               |
| FORTINET INC                                                  |                                                                                                            | **       | 137               |
| FRONTDOOR INC                                                 |                                                                                                            | **       | 317               |
| FTAI AVIATION LTD                                             |                                                                                                            | **       | 350               |
| FTI CONSULTING INC                                            |                                                                                                            | **       | 340               |
| GLOBANT SA                                                    |                                                                                                            | **       | 392               |
| GLOBUS MEDICAL INC A                                          |                                                                                                            | **       | 623               |
| GOVERNMENT STIF 12                                            |                                                                                                            | **       | 424               |
| GRAND CANYON EDUCATION INC                                    |                                                                                                            | **       | 352               |
| GRAPHIC PACKAGING HOLDING CO                                  |                                                                                                            | **       | 68                |
| GREEN BRICK PARTNERS INC                                      |                                                                                                            | **       | 244               |
| GRIFFON CORP                                                  |                                                                                                            | **       | 214               |
| GROUP 1 AUTOMOTIVE INC                                        |                                                                                                            | **       | 266               |
| GULFPORT ENERGY CORP                                          |                                                                                                            | **       | 166               |
| GXO LOGISTICS INC                                             |                                                                                                            | **       | 225               |
| H+R BLOCK INC                                                 |                                                                                                            | **       | 317               |
| HAEMONETICS CORP/MASS                                         |                                                                                                            | **       | 191               |
| HALOZYME THERAPEUTICS INC                                     |                                                                                                            | **       | 419               |
| HAMILTON LANE INC CLASS A                                     |                                                                                                            | **       | 146               |

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| <b>T. Rowe Price</b>                                          |                                                                                                            |          |                   |
| HERC HOLDINGS INC                                             |                                                                                                            | **       | 111               |
| HEXCEL CORP                                                   |                                                                                                            | **       | 63                |
| HILTON GRAND VACATIONS INC                                    |                                                                                                            | **       | 143               |
| HIMS + HERS HEALTH INC                                        |                                                                                                            | **       | 53                |
| IDEAYA BIOSCIENCES INC                                        |                                                                                                            | **       | 120               |
| IMMUNOVANT INC                                                |                                                                                                            | **       | 34                |
| IMPINJ INC                                                    |                                                                                                            | **       | 189               |
| INSMED INC                                                    |                                                                                                            | **       | 611               |
| INSTALLED BUILDING PRODUCTS                                   |                                                                                                            | ** \$    | 255               |
| INTERDIGITAL INC                                              |                                                                                                            | **       | 144               |
| INTERPARFUMS INC                                              |                                                                                                            | **       | 133               |
| INTRA CELLULAR THERAPIES INC                                  |                                                                                                            | **       | 338               |
| IONIS PHARMACEUTICALS INC                                     |                                                                                                            | **       | 217               |
| IONQ INC                                                      |                                                                                                            | **       | 129               |
| IOVANCE BIOTHERAPEUTICS INC                                   |                                                                                                            | **       | 65                |
| IRIDIUM COMMUNICATIONS INC                                    |                                                                                                            | **       | 350               |
| JANUX THERAPEUTICS INC                                        |                                                                                                            | **       | 21                |
| KADANT INC                                                    |                                                                                                            | **       | 493               |
| KINSALE CAPITAL GROUP INC                                     |                                                                                                            | **       | 67                |
| KIRBY CORP                                                    |                                                                                                            | **       | 238               |
| KRYSTAL BIOTECH INC                                           |                                                                                                            | **       | 157               |
| KULICKE + SOFFA INDUSTRIES                                    |                                                                                                            | **       | 87                |
| KYMERA THERAPEUTICS INC                                       |                                                                                                            | **       | 225               |
| LANDSTAR SYSTEM INC                                           |                                                                                                            | **       | 149               |
| LANTHEUS HOLDINGS INC                                         |                                                                                                            | **       | 497               |
| LAUREATE EDUCATION INC                                        |                                                                                                            | **       | 217               |
| LEMAITRE VASCULAR INC                                         |                                                                                                            | **       | 203               |
| LEONARDO DRS INC                                              |                                                                                                            | **       | 196               |
| LIBERTY ENERGY INC                                            |                                                                                                            | **       | 129               |
| LIGHT + WONDER INC                                            |                                                                                                            | **       | 496               |
| LINCOLN ELECTRIC HOLDINGS                                     |                                                                                                            | **       | 247               |
| LITTELFUSE INC                                                |                                                                                                            | **       | 92                |
| LOAR HOLDINGS INC                                             |                                                                                                            | **       | 67                |
| LOUISIANA PACIFIC CORP                                        |                                                                                                            | **       | 602               |
| MACOM TECHNOLOGY SOLUTIONS H                                  |                                                                                                            | **       | 477               |
| MADRIGAL PHARMACEUTICALS INC                                  |                                                                                                            | **       | 187               |
| MANHATTAN ASSOCIATES INC                                      |                                                                                                            | **       | 423               |
| MARA HOLDINGS INC                                             |                                                                                                            | **       | 158               |
| MATADOR RESOURCES CO                                          |                                                                                                            | **       | 320               |

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| <b>T. Rowe Price</b>                                      |                                                                                                            |          |                   |
| MATTEL INC                                                |                                                                                                            | **       | 287               |
| MEDPACE HOLDINGS INC                                      |                                                                                                            | **       | 175               |
| MERIT MEDICAL SYSTEMS INC                                 |                                                                                                            | **       | 540               |
| MERUS NV                                                  |                                                                                                            | **       | 56                |
| MICROSTRATEGY INC CL A                                    |                                                                                                            | **       | 158               |
| MIRUM PHARMACEUTICALS INC                                 |                                                                                                            | **       | 98                |
| MKS INSTRUMENTS INC                                       |                                                                                                            | **       | 226               |
| MODINE MANUFACTURING CO                                   |                                                                                                            | **       | 151               |
| MOLINA HEALTHCARE INC                                     |                                                                                                            | **       | 168               |
| MONOLITHIC POWER SYSTEMS INC                              |                                                                                                            | **       | 106               |
| MONTE ROSA THERAPEUTICS INC                               |                                                                                                            | **       | 32                |
| MOOG INC CLASS A                                          |                                                                                                            | **       | 39                |
| MOONLAKE IMMUNOTHERAPEUTICS                               |                                                                                                            | **       | 161               |
| MP MATERIALS CORP                                         |                                                                                                            | **       | 254               |
| MR COOPER GROUP INC                                       |                                                                                                            | **       | 506               |
| MSA SAFETY INC                                            |                                                                                                            | **       | 191               |
| MUELLER INDUSTRIES INC                                    |                                                                                                            | **       | 119               |
| MURPHY USA INC                                            |                                                                                                            | **       | 851               |
| NATERA INC                                                |                                                                                                            | **       | 316               |
| NEUROCRINE BIOSCIENCES INC                                |                                                                                                            | **       | 205               |
| NEXSTAR MEDIA GROUP INC                                   |                                                                                                            | **       | 307               |
| NEXTRACKER INC CL A                                       |                                                                                                            | **       | 66                |
| NOBLE CORP PLC                                            |                                                                                                            | **       | 99                |
| NOVANTA INC                                               |                                                                                                            | **       | 489               |
| NURIX THERAPEUTICS INC                                    |                                                                                                            | **       | 88                |
| NUTANIX INC A                                             |                                                                                                            | **       | 441               |
| NUVALENT INC A                                            |                                                                                                            | **       | 150               |
| OLIN CORP                                                 |                                                                                                            | **       | 185               |
| OLLIE S BARGAIN OUTLET HOLDI                              |                                                                                                            | **       | 165               |
| ONTO INNOVATION INC                                       |                                                                                                            | **       | 546               |
| OPTION CARE HEALTH INC                                    |                                                                                                            | **       | 290               |
| ORMAT TECHNOLOGIES INC                                    |                                                                                                            | **       | 89                |
| OSCAR HEALTH INC CLASS A                                  |                                                                                                            | **       | 108               |
| PALOMAR HOLDINGS INC                                      |                                                                                                            | **       | 304               |
| PATRICK INDUSTRIES INC                                    |                                                                                                            | **       | 267               |
| PAYLOCITY HOLDING CORP                                    |                                                                                                            | **       | 335               |
| PAYONEER GLOBAL INC                                       |                                                                                                            | **       | 582               |
| PEGASYSTEMS INC                                           |                                                                                                            | **       | 143               |
| PENUMBRA INC                                              |                                                                                                            | **       | 318               |

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| <b>T. Rowe Price</b>                                      |                                                                                                            |          |                   |
| PERFORMANCE FOOD GROUP CO                                 |                                                                                                            | **       | 283               |
| PERMIAN RESOURCES CORP                                    |                                                                                                            | **       | 255               |
| PHOTRONICS INC                                            |                                                                                                            | **       | 184               |
| PLIANT THERAPEUTICS INC                                   |                                                                                                            | **       | 58                |
| POOL CORP                                                 |                                                                                                            | **       | 87                |
| POST HOLDINGS INC                                         |                                                                                                            | **       | 457               |
| PRAXIS PRECISION MEDICINES I                              |                                                                                                            | **       | 100               |
| PRESTIGE CONSUMER HEALTHCARE                              |                                                                                                            | **       | 233               |
| PRICESMART INC                                            |                                                                                                            | **       | 134               |
| PRIMERICA INC                                             |                                                                                                            | **       | 264               |
| PROCEPT BIOROBOTICS CORP                                  |                                                                                                            | **       | 46                |
| PROGRESS SOFTWARE CORP                                    |                                                                                                            | **       | 78                |
| PROTHENA CORP PLC                                         |                                                                                                            | **       | 62                |
| PTC INC                                                   |                                                                                                            | **       | 434               |
| PTC THERAPEUTICS INC                                      |                                                                                                            | **       | 163               |
| PURE STORAGE INC CLASS A                                  |                                                                                                            | **       | 50                |
| Q2 HOLDINGS INC                                           |                                                                                                            | **       | 547               |
| QUALYS INC                                                |                                                                                                            | **       | 165               |
| RADNET INC                                                |                                                                                                            | **       | 89                |
| RAMBUS INC                                                |                                                                                                            | **       | 735               |
| RANGE RESOURCES CORP                                      |                                                                                                            | **       | 226               |
| RBC BEARINGS INC                                          |                                                                                                            | **       | 264               |
| RED ROCK RESORTS INC CLASS A                              |                                                                                                            | **       | 97                |
| REMITLY GLOBAL INC                                        |                                                                                                            | **       | 211               |
| REPLIGEN CORP                                             |                                                                                                            | **       | 249               |
| REPLIMUNE GROUP INC                                       |                                                                                                            | **       | 173               |
| REVOLUTION MEDICINES INC                                  |                                                                                                            | **       | 179               |
| REXFORD INDUSTRIAL REALTY IN                              |                                                                                                            | **       | 92                |
| RHYTHM PHARMACEUTICALS INC                                |                                                                                                            | **       | 112               |
| RLI CORP                                                  |                                                                                                            | **       | 231               |
| ROCKET LAB USA INC                                        |                                                                                                            | **       | 112               |
| ROCKET PHARMACEUTICALS INC                                |                                                                                                            | **       | 38                |
| RPM INTERNATIONAL INC                                     |                                                                                                            | **       | 402               |
| RUSH STREET INTERACTIVE INC                               |                                                                                                            | **       | 199               |
| RYAN SPECIALTY HOLDINGS INC                               |                                                                                                            | **       | 140               |
| SAIA INC                                                  |                                                                                                            | **       | 497               |
| SAPIENS INTERNATIONAL CORP                                |                                                                                                            | **       | 161               |
| SCHOLAR ROCK HOLDING CORP                                 |                                                                                                            | **       | 275               |
| SELECT MEDICAL HOLDINGS CORP                              |                                                                                                            | **       | 102               |

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| <b>T. Rowe Price</b>                                          |                                                                                                            |          |                   |
| SERVICETITAN INC A                                            |                                                                                                            | **       | 39                |
| SHIFT4 PAYMENTS INC CLASS A                                   |                                                                                                            | **       | 192               |
| SIMPLY GOOD FOODS CO/THE                                      |                                                                                                            | **       | 181               |
| SIMPSON MANUFACTURING CO INC                                  |                                                                                                            | **       | 474               |
| SITEONE LANDSCAPE SUPPLY INC                                  |                                                                                                            | **       | 388               |
| SKYWARD SPECIALTY INSURANCE                                   |                                                                                                            | **       | 367               |
| SOLENO THERAPEUTICS INC                                       |                                                                                                            | **       | 50                |
| SPRINGWORKS THERAPEUTICS INC                                  |                                                                                                            | **       | 80                |
| SPROUTS FARMERS MARKET INC                                    |                                                                                                            | **       | 952               |
| SPS COMMERCE INC                                              |                                                                                                            | **       | 494               |
| SPX TECHNOLOGIES INC                                          |                                                                                                            | **       | 535               |
| STERIS PLC                                                    |                                                                                                            | **       | 156               |
| STERLING INFRASTRUCTURE INC                                   |                                                                                                            | **       | 277               |
| STONEX GROUP INC                                              |                                                                                                            | **       | 322               |
| STRIDE INC                                                    |                                                                                                            | **       | 548               |
| TECHNIPFMC PLC                                                |                                                                                                            | **       | 485               |
| TELEDYNE TECHNOLOGIES INC                                     |                                                                                                            | **       | 548               |
| TENABLE HOLDINGS INC                                          |                                                                                                            | **       | 131               |
| TENET HEALTHCARE CORP                                         |                                                                                                            | **       | 485               |
| TEXAS ROADHOUSE INC                                           |                                                                                                            | **       | 364               |
| TG THERAPEUTICS INC                                           |                                                                                                            | **       | 51                |
| THRYV HOLDINGS INC                                            |                                                                                                            | **       | 48                |
| TKO GROUP HOLDINGS INC                                        |                                                                                                            | **       | 426               |
| TOPBUILD CORP                                                 |                                                                                                            | **       | 146               |
| TORO CO                                                       |                                                                                                            | **       | 183               |
| TRANSMEDICS GROUP INC                                         |                                                                                                            | **       | 120               |
| TRAVEL LEISURE CO                                             |                                                                                                            | **       | 135               |
| TREX COMPANY INC                                              |                                                                                                            | **       | 166               |
| TRINET GROUP INC                                              |                                                                                                            | **       | 147               |
| UFP INDUSTRIES INC                                            |                                                                                                            | **       | 473               |
| UFP TECHNOLOGIES INC                                          |                                                                                                            | **       | 311               |
| ULTRAGENYX PHARMACEUTICAL IN                                  |                                                                                                            | **       | 212               |
| UNITED PARKS + RESORTS INC                                    |                                                                                                            | **       | 103               |
| UPWORK INC                                                    |                                                                                                            | **       | 424               |
| VALVOLINE INC                                                 |                                                                                                            | **       | 168               |
| VAXCYTE INC                                                   |                                                                                                            | **       | 119               |
| VEECO INSTRUMENTS INC                                         |                                                                                                            | **       | 91                |
| VERA THERAPEUTICS INC                                         |                                                                                                            | **       | 198               |
| VERRA MOBILITY CORP                                           |                                                                                                            | **       | 487               |

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|     | <b>T. Rowe Price</b>                                      |                                                                                                            |           |                   |
|     | VERTEX INC CLASS A                                        |                                                                                                            | **        | 353               |
|     | VERTIV HOLDINGS CO A                                      |                                                                                                            | **        | 455               |
|     | VIPER ENERGY INC                                          |                                                                                                            | **        | 567               |
|     | VISTEON CORP                                              |                                                                                                            | **        | 218               |
|     | VITAL FARMS INC                                           |                                                                                                            | **        | 184               |
|     | VONTIER CORP                                              |                                                                                                            | **        | 418               |
|     | WARRIOR MET COAL INC                                      |                                                                                                            | **        | 176               |
|     | WATSCO INC                                                |                                                                                                            | **        | 160               |
|     | WATTS WATER TECHNOLOGIES A                                |                                                                                                            | **        | 497               |
|     | WAVE LIFE SCIENCES LTD                                    |                                                                                                            | **        | 32                |
|     | WEATHERFORD INTERNATIONAL PL                              |                                                                                                            | **        | 319               |
|     | WEST PHARMACEUTICAL SERVICES                              |                                                                                                            | **        | 121               |
|     | WILLSCOT HOLDINGS CORP                                    |                                                                                                            | **        | 325               |
|     | WINGSTOP INC                                              |                                                                                                            | **        | 631               |
|     | WOODWARD INC                                              |                                                                                                            | **        | 563               |
|     | WYNN RESORTS LTD                                          |                                                                                                            | **        | 137               |
|     | XENCOR INC                                                |                                                                                                            | **        | 131               |
|     | XPO INC                                                   |                                                                                                            | **        | 213               |
|     | ZEBRA TECHNOLOGIES CORP CL A                              |                                                                                                            | **        | 284               |
|     | <b>T. Rowe Price Total</b>                                |                                                                                                            | <b>\$</b> | <b>84,658</b>     |

\* Indicates party-in-interest.

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

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|-------------------|---------------------------------------------|------------------------------------------------------------------------------------------------------------|-----------|-------------------|
| <b>Loan Fund</b>  |                                             |                                                                                                            |           |                   |
|                   |                                             | Notes receivable from Members, maturing in 2021 through 2033 bearing interest at rates from                |           |                   |
| *                 | Notes receivable from Members               | 4.25% - 9.25% N/A                                                                                          | \$        | 78,776            |
|                   | <b>Loan Fund Total</b>                      |                                                                                                            | <b>\$</b> | <b>78,776</b>     |

\* Indicates party-in-interest.

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|     | <b>Master Expense Account</b>                             |                                                                                                            |          |                   |
| *   | HARTFORD MASTER EXPENSE FUND                              |                                                                                                            | ** \$    | 4                 |
|     | <b>Master Expense Account Total</b>                       |                                                                                                            |          | <b>\$ 4</b>       |

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|     | <b>Mutual Funds</b>                                       |                                                                                                            |           |                   |
| *   | HARTFORD HLS DIVIDEND & GROWTH<br>FD CL I                 |                                                                                                            | ** \$     | 420,027           |
| *   | HARTFORD HLS MUT FDS BOND HLS<br>FD CL IA                 |                                                                                                            | **        | 292,859           |
| *   | HARTFORD HLS MUT FDS INTL<br>OPPORTUNITIES HLS FD CL I    |                                                                                                            | **        | 87,653            |
|     | VANGUARD FEDERAL MONEY MARKET                             |                                                                                                            | **        | 161,254           |
|     | <b>Mutual Funds Total</b>                                 |                                                                                                            | <b>\$</b> | <b>961,793</b>    |

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| <b>JP Morgan International Finance Limited</b>            |                                                                                                            |          |                   |
| AAON INC                                                  |                                                                                                            | ** \$    | 1,266             |
| AGILENT TECHNOLOGIES INC                                  |                                                                                                            | **       | 614               |
| AIR LEASE CORP                                            |                                                                                                            | **       | 710               |
| ALNYLAM PHARMACEUTICALS INC                               |                                                                                                            | **       | 1,834             |
| AMETEK INC                                                |                                                                                                            | **       | 1,049             |
| AMPHENOL CORP CL A                                        |                                                                                                            | **       | 711               |
| APPLOVIN CORP CLASS A                                     |                                                                                                            | **       | 3,822             |
| ARES MANAGEMENT CORP A                                    |                                                                                                            | **       | 2,165             |
| ARTHUR J GALLAGHER + CO                                   |                                                                                                            | **       | 1,078             |
| ATLASSIAN CORP CL A                                       |                                                                                                            | **       | 1,168             |
| AUTOZONE INC                                              |                                                                                                            | **       | 672               |
| AXON ENTERPRISE INC                                       |                                                                                                            | **       | 992               |
| BLOCK INC                                                 |                                                                                                            | **       | 528               |
| BOOZ ALLEN HAMILTON HOLDINGS                              |                                                                                                            | **       | 1,450             |
| BRIGHT HORIZONS FAMILY SOLUT                              |                                                                                                            | **       | 1,241             |
| BURLINGTON STORES INC                                     |                                                                                                            | **       | 1,487             |
| CASEY S GENERAL STORES INC                                |                                                                                                            | **       | 1,264             |
| CHENIERE ENERGY INC                                       |                                                                                                            | **       | 1,660             |
| CIENA CORP                                                |                                                                                                            | **       | 558               |
| CINTAS CORP                                               |                                                                                                            | **       | 535               |
| COINBASE GLOBAL INC CLASS A                               |                                                                                                            | **       | 750               |
| COMFORT SYSTEMS USA INC                                   |                                                                                                            | **       | 740               |
| CONFLUENT INC CLASS A                                     |                                                                                                            | **       | 1,061             |
| CONSTELLATION BRANDS INC A                                |                                                                                                            | **       | 596               |
| COOPER COS INC/THE                                        |                                                                                                            | **       | 945               |
| COPART INC                                                |                                                                                                            | **       | 1,195             |
| CROWDSTRIKE HOLDINGS INC A                                |                                                                                                            | **       | 814               |
| CYBERARK SOFTWARE LTD/ISRAEL                              |                                                                                                            | **       | 1,000             |
| DATADOG INC CLASS A                                       |                                                                                                            | **       | 2,153             |
| DEXCOM INC                                                |                                                                                                            | **       | 648               |
| DOMINO S PIZZA INC                                        |                                                                                                            | **       | 1,163             |
| DOORDASH INC A                                            |                                                                                                            | **       | 1,449             |
| EAGLE MATERIALS INC                                       |                                                                                                            | **       | 984               |
| ELASTIC NV                                                |                                                                                                            | **       | 476               |
| ELF BEAUTY INC                                            |                                                                                                            | **       | 951               |
| ENTEGRIS INC                                              |                                                                                                            | **       | 1,273             |
| EOG RESOURCES INC                                         |                                                                                                            | **       | 1,181             |
| ESAB CORP                                                 |                                                                                                            | **       | 1,089             |
| EXACT SCIENCES CORP                                       |                                                                                                            | **       | 399               |
| EXELIXIS INC                                              |                                                                                                            | **       | 539               |

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| <b>JP Morgan International Finance Limited</b>            |                                                                                                            |          |                   |
| FACTSET RESEARCH SYSTEMS INC                              |                                                                                                            | **       | 1,301             |
| FLOOR + DECOR HOLDINGS INC A                              |                                                                                                            | **       | 620               |
| FLUTTER ENTERTAINMENT PLC DI                              |                                                                                                            | **       | 1,248             |
| GARMIN LTD                                                |                                                                                                            | **       | 853               |
| GARTNER INC                                               |                                                                                                            | **       | 2,245             |
| GE VERNOVA INC                                            |                                                                                                            | **       | 524               |
| GITLAB INC CL A                                           |                                                                                                            | **       | 449               |
| GLOBANT SA                                                |                                                                                                            | **       | 1,398             |
| GOVERNMENT STIF 12                                        |                                                                                                            | **       | 1,349             |
| HEICO CORP CLASS A                                        |                                                                                                            | **       | 1,969             |
| HILTON WORLDWIDE HOLDINGS IN                              |                                                                                                            | **       | 2,650             |
| HOWMET AEROSPACE INC                                      |                                                                                                            | **       | 526               |
| HUBBELL INC                                               |                                                                                                            | **       | 803               |
| HUBSPOT INC                                               |                                                                                                            | **       | 2,720             |
| HUNT (JB) TRANSPRT SVCS INC                               |                                                                                                            | **       | 1,056             |
| IDEXX LABORATORIES INC                                    |                                                                                                            | **       | 576               |
| INGERSOLL RAND INC                                        |                                                                                                            | **       | 719               |
| INSMED INC                                                |                                                                                                            | **       | 722               |
| INSPIRE MEDICAL SYSTEMS INC                               |                                                                                                            | **       | 594               |
| INTERACTIVE BROKERS GRO CL A                              |                                                                                                            | **       | 1,588             |
| INTRA CELLULAR THERAPIES INC                              |                                                                                                            | **       | 1,213             |
| IQVIA HOLDINGS INC                                        |                                                                                                            | **       | 805               |
| ITT INC                                                   |                                                                                                            | **       | 1,417             |
| JEFFERIES FINANCIAL GROUP IN                              |                                                                                                            | **       | 1,011             |
| LAS VEGAS SANDS CORP                                      |                                                                                                            | **       | 1,202             |
| LPL FINANCIAL HOLDINGS INC                                |                                                                                                            | **       | 1,671             |
| MARVELL TECHNOLOGY INC                                    |                                                                                                            | **       | 852               |
| MCKESSON CORP                                             |                                                                                                            | **       | 1,183             |
| METTLER TOLEDO INTERNATIONAL                              |                                                                                                            | **       | 691               |
| MONGODB INC                                               |                                                                                                            | **       | 1,211             |
| MONOLITHIC POWER SYSTEMS INC                              |                                                                                                            | **       | 768               |
| MOODY S CORP                                              |                                                                                                            | **       | 750               |
| MSA SAFETY INC                                            |                                                                                                            | **       | 762               |
| MSCI INC                                                  |                                                                                                            | **       | 1,423             |
| NATERA INC                                                |                                                                                                            | **       | 2,023             |
| NU HOLDINGS LTD/CAYMAN ISL A                              |                                                                                                            | **       | 939               |
| NUTANIX INC A                                             |                                                                                                            | **       | 1,020             |
| ON HOLDING AG CLASS A                                     |                                                                                                            | **       | 851               |
| ON SEMICONDUCTOR                                          |                                                                                                            | **       | 894               |
| ONTO INNOVATION INC                                       |                                                                                                            | **       | 686               |

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| <b>JP Morgan International Finance Limited</b>            |                                                                                                            |           |                   |
| PALANTIR TECHNOLOGIES INC A                               |                                                                                                            | **        | 2,647             |
| PALO ALTO NETWORKS INC                                    |                                                                                                            | **        | 655               |
| PLANET FITNESS INC CL A                                   |                                                                                                            | **        | 1,144             |
| POOL CORP                                                 |                                                                                                            | **        | 1,207             |
| QUANTA SERVICES INC                                       |                                                                                                            | **        | 2,012             |
| RAMBUS INC                                                |                                                                                                            | **        | 718               |
| RAYMOND JAMES FINANCIAL INC                               |                                                                                                            | **        | 858               |
| REVOLUTION MEDICINES INC                                  |                                                                                                            | **        | 373               |
| ROBINHOOD MARKETS INC A                                   |                                                                                                            | **        | 1,429             |
| ROCKET COS INC CLASS A                                    |                                                                                                            | **        | 598               |
| ROSS STORES INC                                           |                                                                                                            | **        | 972               |
| RUBRIK INC A                                              |                                                                                                            | **        | 543               |
| SAIA INC                                                  |                                                                                                            | **        | 1,541             |
| SIMPSON MANUFACTURING CO INC                              |                                                                                                            | **        | 746               |
| SNOWFLAKE INC CLASS A                                     |                                                                                                            | **        | 434               |
| TAKE TWO INTERACTIVE SOFTWARE                             |                                                                                                            | **        | 1,305             |
| TECHNIPFMC PLC                                            |                                                                                                            | **        | 1,150             |
| TELEDYNE TECHNOLOGIES INC                                 |                                                                                                            | **        | 834               |
| TERADYNE INC                                              |                                                                                                            | **        | 1,575             |
| THOR INDUSTRIES INC                                       |                                                                                                            | **        | 684               |
| TPG INC                                                   |                                                                                                            | **        | 641               |
| TRACTOR SUPPLY COMPANY                                    |                                                                                                            | **        | 1,935             |
| TRADE DESK INC/THE CLASS A                                |                                                                                                            | **        | 2,910             |
| TRADEWEB MARKETS INC CLASS A                              |                                                                                                            | **        | 1,340             |
| TRANE TECHNOLOGIES PLC                                    |                                                                                                            | **        | 606               |
| TYLER TECHNOLOGIES INC                                    |                                                                                                            | **        | 1,196             |
| ULTA BEAUTY INC                                           |                                                                                                            | **        | 744               |
| US DOLLAR                                                 |                                                                                                            | **        | 2                 |
| VAXCYTE INC                                               |                                                                                                            | **        | 341               |
| VEEVA SYSTEMS INC CLASS A                                 |                                                                                                            | **        | 1,366             |
| VERTIV HOLDINGS CO A                                      |                                                                                                            | **        | 2,346             |
| VIKING THERAPEUTICS INC                                   |                                                                                                            | **        | 336               |
| VISTRA CORP                                               |                                                                                                            | **        | 1,120             |
| WABTEC CORP                                               |                                                                                                            | **        | 898               |
| WEST PHARMACEUTICAL SERVICES                              |                                                                                                            | **        | 1,316             |
| <b>JP Morgan International Finance Limited Total</b>      |                                                                                                            | <b>\$</b> | <b>128,014</b>    |

\* Indicates party-in-interest.

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

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|-----------------------------|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-----------|-------------------|
| <b>Separate Account GIC</b> |                                                           |                                                                                                            |           |                   |
|                             | New York Life                                             |                                                                                                            | ** \$     | 73,805            |
|                             | <b>Separate Account GIC Total</b>                         |                                                                                                            | <b>\$</b> | <b>73,805</b>     |

\* Indicates party-in-interest.

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

**The Hartford Investment and Savings Plan Supplemental Schedule**  
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|-----|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------|-------------------|
|     | <b>Shared Holdings (aa) - HIMCO Bond Fund</b>             |                                                                                                            |          |                   |
|     | AMAZON.COM INC                                            | 2.100 % 5/12/2031                                                                                          | ** \$    | 683               |
|     | AMERICAN EXPRESS CO                                       | 2.550 % 3/4/2027                                                                                           | **       | 622               |
|     | AMERICAN EXPRESS CREDIT ACCOUN                            | 4.800 % 5/15/2030                                                                                          | **       | 1,007             |
|     | AMERICAN HONDA FINANCE                                    | 2.000 % 3/24/2028                                                                                          | **       | 686               |
|     | AMPHENOL CORP                                             | 2.200 % 9/15/2031                                                                                          | **       | 587               |
|     | APPLE INC                                                 | 1.400 % 8/5/2028                                                                                           | **       | 449               |
|     | ARTHUR J GALLAGHER + CO                                   | 2.400 % 11/9/2031                                                                                          | **       | 628               |
|     | AT+T INC                                                  | 4.350 % 3/1/2029                                                                                           | **       | 1,101             |
|     | BALTIMORE GAS + ELECTRIC                                  | 2.250 % 6/15/2031                                                                                          | **       | 635               |
|     | BANK OF AMERICA CORP                                      | 2.087 % 6/14/2029                                                                                          | **       | 1,361             |
|     | BANK OF NOVA SCOTIA                                       | 2.450 % 2/2/2032                                                                                           | **       | 835               |
|     | BLACKROCK INC                                             | 1.900 % 1/28/2031                                                                                          | **       | 506               |
|     | BNP PARIBAS                                               | 2.159 % 9/15/2029                                                                                          | **       | 448               |
|     | BOSTON SCIENTIFIC CORP                                    | 2.650 % 6/1/2030                                                                                           | **       | 670               |
|     | BP CAP MARKETS AMERICA                                    | 2.721 % 1/12/2032                                                                                          | **       | 642               |
|     | CAPITAL ONE FINANCIAL CO                                  | 3.273 % 3/1/2030                                                                                           | **       | 924               |
|     | CFCRE COMMERCIAL MORTGAGE TRUS                            | 3.585 % 12/10/2054                                                                                         | **       | 640               |
|     | CHASE ISSUANCE TRUST                                      | 4.630 % 1/15/2031                                                                                          | **       | 791               |
|     | CHASE ISSUANCE TRUST                                      | 3.970 % 9/15/2027                                                                                          | **       | 1,089             |
|     | CIGNA GROUP/THE                                           | 4.375 % 10/15/2028                                                                                         | **       | 613               |
|     | COMCAST CORP                                              | 4.150 % 10/15/2028                                                                                         | **       | 609               |
|     | COMM MORTGAGE TRUST                                       | 3.762 % 2/10/2049                                                                                          | **       | 990               |
|     | COMMONWEALTH EDISON CO                                    | 2.950 % 8/15/2027                                                                                          | **       | 960               |
|     | CONOCOPHILLIPS COMPANY                                    | 2.400 % 3/7/2025                                                                                           | **       | 66                |
|     | CSAIL COMMERCIAL MORTGAGE TRUS                            | 3.808 % 11/15/2048                                                                                         | **       | 991               |
|     | DANSKE BANK A/S                                           | 1.549 % 9/10/2027                                                                                          | **       | 562               |
|     | DEUTSCHE BANK NY                                          | 1.686 % 3/19/2026                                                                                          | **       | 482               |
|     | DIAGEO CAPITAL PLC                                        | 2.375 % 10/24/2029                                                                                         | **       | 672               |
|     | DOMINION ENERGY SOUTH                                     | 2.300 % 12/1/2031                                                                                          | **       | 335               |
|     | DUKE ENERGY CAROLINAS                                     | 2.850 % 3/15/2032                                                                                          | **       | 648               |
|     | ENTERGY MISSISSIPPI LLC                                   | 2.550 % 12/1/2033                                                                                          | **       | 592               |
|     | ENTERGY TEXAS INC                                         | 1.500 % 9/1/2026                                                                                           | **       | 625               |
|     | EVERSOURCE ENERGY                                         | 2.900 % 3/1/2027                                                                                           | **       | 540               |
|     | EXXON MOBIL CORPORATION                                   | 2.440 % 8/16/2029                                                                                          | **       | 913               |
|     | FANNIE MAE                                                | 0.560 % 10/22/2025                                                                                         | **       | 1,941             |
|     | FED HM LN PC POOL A11544                                  | 5.500 % 6/1/2033                                                                                           | **       | 1                 |
|     | FED HM LN PC POOL A26586                                  | 6.000 % 9/1/2034                                                                                           | **       | 2                 |
|     | FED HM LN PC POOL A77952                                  | 5.000 % 5/1/2038                                                                                           | **       | 4                 |
|     | FED HM LN PC POOL C03506                                  | 6.000 % 5/1/2040                                                                                           | **       | 29                |
|     | FED HM LN PC POOL G01629                                  | 6.000 % 10/1/2033                                                                                          | **       | 3                 |

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| <b>Shared Holdings (aa) - HIMCO Bond Fund</b>                 |                                                                                                            |          |                   |
| FED HM LN PC POOL G18469                                      | 2.000 % 6/1/2028                                                                                           | **       | 38                |
| FED HM LN PC POOL J38826                                      | 3.500 % 5/1/2033                                                                                           | **       | 117               |
| FED HM LN PC POOL Q55851                                      | 5.000 % 5/1/2048                                                                                           | **       | 183               |
| FED HM LN PC POOL Q58634                                      | 4.000 % 9/1/2048                                                                                           | **       | 748               |
| FED HM LN PC POOL QA9565                                      | 3.500 % 5/1/2050                                                                                           | **       | 117               |
| FED HM LN PC POOL QB3388                                      | 2.500 % 9/1/2050                                                                                           | **       | 1,643             |
| FED HM LN PC POOL QB5150                                      | 2.000 % 10/1/2050                                                                                          | **       | 699               |
| FED HM LN PC POOL QD2424                                      | 2.000 % 12/1/2051                                                                                          | **       | 831               |
| FED HM LN PC POOL QD4104                                      | 2.000 % 1/1/2052                                                                                           | **       | 359               |
| FED HM LN PC POOL QD4129                                      | 2.000 % 1/1/2052                                                                                           | **       | 336               |
| FED HM LN PC POOL QD7594                                      | 2.500 % 2/1/2052                                                                                           | **       | 283               |
| FED HM LN PC POOL QD8682                                      | 3.000 % 3/1/2052                                                                                           | **       | 816               |
| FED HM LN PC POOL RA5607                                      | 2.500 % 7/1/2051                                                                                           | **       | 158               |
| FED HM LN PC POOL RA5615                                      | 2.000 % 8/1/2051                                                                                           | **       | 338               |
| FED HM LN PC POOL RA6019                                      | 2.500 % 10/1/2051                                                                                          | **       | 182               |
| FED HM LN PC POOL RA6436                                      | 2.500 % 12/1/2051                                                                                          | **       | 422               |
| FED HM LN PC POOL RA6508                                      | 2.000 % 12/1/2051                                                                                          | **       | 181               |
| FED HM LN PC POOL RA6808                                      | 3.000 % 2/1/2052                                                                                           | **       | 390               |
| FED HM LN PC POOL RA7617                                      | 5.000 % 7/1/2052                                                                                           | **       | 1,035             |
| FED HM LN PC POOL RA9858                                      | 6.000 % 9/1/2053                                                                                           | **       | 776               |
| FED HM LN PC POOL SB8002                                      | 3.000 % 8/1/2034                                                                                           | **       | 172               |
| FED HM LN PC POOL SD6478                                      | 6.000 % 10/1/2054                                                                                          | **       | 246               |
| FED HM LN PC POOL SD6549                                      | 5.500 % 10/1/2054                                                                                          | **       | 234               |
| FED HM LN PC POOL SD6568                                      | 6.000 % 10/1/2054                                                                                          | **       | 249               |
| FED HM LN PC POOL SD8029                                      | 2.500 % 12/1/2049                                                                                          | **       | 256               |
| FED HM LN PC POOL SD8342                                      | 5.500 % 7/1/2053                                                                                           | **       | 175               |
| FED HM LN PC POOL V82532                                      | 3.000 % 8/1/2046                                                                                           | **       | 1,193             |
| FED HM LN PC POOL ZL1830                                      | 4.000 % 8/1/2041                                                                                           | **       | 34                |
| FEDEX CORP                                                    | 2.400 % 5/15/2031                                                                                          | **       | 640               |
| FIDELITY NATL INFO SERV                                       | 1.650 % 3/1/2028                                                                                           | **       | 904               |
| FIFTH THIRD BANCORP                                           | 4.337 % 4/25/2033                                                                                          | **       | 836               |
| FLORIDA POWER + LIGHT CO                                      | 2.450 % 2/3/2032                                                                                           | **       | 788               |
| FNMA POOL 357821                                              | 6.000 % 5/1/2035                                                                                           | **       | 29                |
| FNMA POOL 555417                                              | 6.000 % 5/1/2033                                                                                           | **       | 10                |
| FNMA POOL 555591                                              | 5.500 % 7/1/2033                                                                                           | **       | 11                |
| FNMA POOL 725704                                              | 6.000 % 8/1/2034                                                                                           | **       | 8                 |
| FNMA POOL 730716                                              | 6.000 % 8/1/2033                                                                                           | **       | 6                 |
| FNMA POOL 734059                                              | 5.500 % 8/1/2033                                                                                           | **       | 2                 |
| FNMA POOL 745932                                              | 6.500 % 11/1/2036                                                                                          | **       | 16                |
| FNMA POOL 756154                                              | 6.000 % 11/1/2033                                                                                          | **       | 8                 |

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|            | <b>Shared Holdings (aa) - HIMCO Bond Fund</b>                    |                                                                                                                   |                 |                          |
|            | FNMA POOL 792191                                                 | 5.500 % 9/1/2034                                                                                                  | **              | 16                       |
|            | FNMA POOL 888022                                                 | 5.000 % 2/1/2036                                                                                                  | **              | 24                       |
|            | FNMA POOL 888341                                                 | 5.000 % 2/1/2037                                                                                                  | **              | 16                       |
|            | FNMA POOL 890528                                                 | 5.500 % 6/1/2039                                                                                                  | **              | 23                       |
|            | FNMA POOL 944026                                                 | 6.500 % 8/1/2037                                                                                                  | **              | 51                       |
|            | FNMA POOL AB0536                                                 | 6.000 % 2/1/2037                                                                                                  | **              | 15                       |
|            | FNMA POOL AB6571                                                 | 2.000 % 10/1/2027                                                                                                 | **              | 52                       |
|            | FNMA POOL AB9484                                                 | 2.500 % 5/1/2028                                                                                                  | **              | 77                       |
|            | FNMA POOL AJ5733                                                 | 3.500 % 12/1/2041                                                                                                 | **              | 523                      |
|            | FNMA POOL AP0632                                                 | 2.500 % 7/1/2027                                                                                                  | **              | 48                       |
|            | FNMA POOL AR9436                                                 | 4.000 % 8/1/2043                                                                                                  | **              | 5                        |
|            | FNMA POOL AS0004                                                 | 2.500 % 7/1/2028                                                                                                  | **              | 33                       |
|            | FNMA POOL AS8764                                                 | 2.500 % 2/1/2032                                                                                                  | **              | 316                      |
|            | FNMA POOL AS9763                                                 | 5.000 % 6/1/2047                                                                                                  | **              | 22                       |
|            | FNMA POOL AW1007                                                 | 4.000 % 5/1/2044                                                                                                  | **              | 298                      |
|            | FNMA POOL AZ2166                                                 | 4.000 % 7/1/2045                                                                                                  | **              | 385                      |
|            | FNMA POOL BC1212                                                 | 3.000 % 7/1/2046                                                                                                  | **              | 1,227                    |
|            | FNMA POOL BC6121                                                 | 4.000 % 6/1/2046                                                                                                  | **              | 133                      |
|            | FNMA POOL BC9364                                                 | 3.500 % 6/1/2046                                                                                                  | **              | 690                      |
|            | FNMA POOL BD3312                                                 | 3.000 % 10/1/2046                                                                                                 | **              | 131                      |
|            | FNMA POOL BD5429                                                 | 2.500 % 12/1/2046                                                                                                 | **              | 405                      |
|            | FNMA POOL BJ0687                                                 | 5.000 % 4/1/2048                                                                                                  | **              | 70                       |
|            | FNMA POOL BJ0852                                                 | 4.500 % 11/1/2047                                                                                                 | **              | 278                      |
|            | FNMA POOL BJ1991                                                 | 4.000 % 11/1/2047                                                                                                 | **              | 280                      |
|            | FNMA POOL BJ7592                                                 | 4.500 % 1/1/2049                                                                                                  | **              | 734                      |
|            | FNMA POOL BJ8271                                                 | 4.500 % 2/1/2048                                                                                                  | **              | 268                      |
|            | FNMA POOL BK1027                                                 | 3.500 % 3/1/2048                                                                                                  | **              | 123                      |
|            | FNMA POOL BM3795                                                 | 2.000 % 1/1/2031                                                                                                  | **              | 46                       |
|            | FNMA POOL BN6143                                                 | 4.000 % 2/1/2049                                                                                                  | **              | 55                       |
|            | FNMA POOL BO3694                                                 | 4.000 % 1/1/2050                                                                                                  | **              | 309                      |
|            | FNMA POOL BO6308                                                 | 3.500 % 9/1/2049                                                                                                  | **              | 227                      |
|            | FNMA POOL BQ7764                                                 | 1.500 % 3/1/2051                                                                                                  | **              | 1,536                    |
|            | FNMA POOL BQ7766                                                 | 2.000 % 3/1/2051                                                                                                  | **              | 767                      |
|            | FNMA POOL CA7236                                                 | 2.500 % 9/1/2050                                                                                                  | **              | 359                      |
|            | FNMA POOL CA9220                                                 | 2.000 % 2/1/2051                                                                                                  | **              | 1,155                    |
|            | FNMA POOL CB1131                                                 | 2.500 % 7/1/2051                                                                                                  | **              | 171                      |
|            | FNMA POOL CB2635                                                 | 2.500 % 1/1/2052                                                                                                  | **              | 336                      |
|            | FNMA POOL CB3909                                                 | 4.000 % 6/1/2052                                                                                                  | **              | 436                      |
|            | FNMA POOL CB3916                                                 | 4.500 % 6/1/2052                                                                                                  | **              | 1,022                    |
|            | FNMA POOL CB6072                                                 | 5.500 % 4/1/2053                                                                                                  | **              | 1,058                    |

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|-----|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------|-------------------|
|     | <b>Shared Holdings (aa) - HIMCO Bond Fund</b>             |                                                                                                            |          |                   |
|     | FNMA POOL FM1251                                          | 3.000 % 4/1/2045                                                                                           | **       | 384               |
|     | FNMA POOL FS0331                                          | 3.000 % 1/1/2052                                                                                           | **       | 519               |
|     | FNMA POOL FS0581                                          | 2.500 % 2/1/2052                                                                                           | **       | 413               |
|     | FNMA POOL FS0605                                          | 2.500 % 2/1/2052                                                                                           | **       | 1,152             |
|     | FNMA POOL FS0822                                          | 2.000 % 3/1/2052                                                                                           | **       | 414               |
|     | FNMA POOL FS0934                                          | 2.500 % 3/1/2052                                                                                           | **       | 719               |
|     | FNMA POOL FS1455                                          | 3.500 % 4/1/2052                                                                                           | **       | 861               |
|     | FNMA POOL FS5119                                          | 6.000 % 7/1/2053                                                                                           | **       | 216               |
|     | FNMA POOL FS6769                                          | 5.000 % 1/1/2053                                                                                           | **       | 246               |
|     | FNMA POOL FS8859                                          | 5.500 % 9/1/2054                                                                                           | **       | 246               |
|     | FNMA POOL MA1504                                          | 2.000 % 7/1/2028                                                                                           | **       | 80                |
|     | FNMA POOL MA1543                                          | 3.500 % 8/1/2033                                                                                           | **       | 284               |
|     | FNMA POOL MA2276                                          | 2.500 % 4/1/2045                                                                                           | **       | 122               |
|     | FNMA POOL MA3959                                          | 3.500 % 3/1/2040                                                                                           | **       | 371               |
|     | FNMA POOL MA5354                                          | 6.000 % 5/1/2054                                                                                           | **       | 370               |
|     | FREDDIE MAC                                               | 0.570 % 10/8/2025                                                                                          | **       | 1,944             |
|     | FREDDIE MAC SLST                                          | 3.500 % 5/25/2029                                                                                          | **       | 391               |
|     | FREDDIE MAC SLST                                          | 3.500 % 6/25/2028                                                                                          | **       | 954               |
|     | GENERAL ELECTRIC CO                                       | 3.450 % 5/1/2027                                                                                           | **       | 485               |
|     | GNMA II POOL 003624                                       | 5.500 % 10/20/2034                                                                                         | **       | 11                |
|     | GNMA II POOL 004599                                       | 5.000 % 12/20/2039                                                                                         | **       | 36                |
|     | GNMA II POOL 784678                                       | 4.000 % 1/20/2048                                                                                          | **       | 242               |
|     | GNMA II POOL AB9275                                       | 3.000 % 12/20/2042                                                                                         | **       | 268               |
|     | GNMA II POOL AC2552                                       | 3.500 % 1/20/2043                                                                                          | **       | 248               |
|     | GNMA II POOL BH0425                                       | 4.500 % 6/20/2048                                                                                          | **       | 122               |
|     | GNMA II POOL MA2754                                       | 3.500 % 4/20/2045                                                                                          | **       | 211               |
|     | GNMA II POOL MA2892                                       | 3.500 % 6/20/2045                                                                                          | **       | 96                |
|     | GNMA II POOL MA5190                                       | 3.000 % 5/20/2048                                                                                          | **       | 271               |
|     | GNMA II POOL MA5191                                       | 3.500 % 5/20/2048                                                                                          | **       | 40                |
|     | GNMA II POOL MA5192                                       | 4.000 % 5/20/2048                                                                                          | **       | 41                |
|     | GNMA II POOL MA5193                                       | 4.500 % 5/20/2048                                                                                          | **       | 31                |
|     | GNMA II POOL MA8268                                       | 4.500 % 9/20/2052                                                                                          | **       | 157               |
|     | GNMA POOL 434787                                          | 8.000 % 5/15/2030                                                                                          | **       | 6                 |
|     | GNMA POOL 485856                                          | 6.500 % 10/15/2031                                                                                         | **       | 2                 |
|     | GNMA POOL 510403                                          | 5.000 % 1/15/2035                                                                                          | **       | 3                 |
|     | GNMA POOL 533946                                          | 6.500 % 4/15/2032                                                                                          | **       | 2                 |
|     | GNMA POOL 550887                                          | 5.000 % 8/15/2035                                                                                          | **       | 3                 |
|     | GNMA POOL 551077                                          | 6.500 % 11/15/2031                                                                                         | **       | 2                 |
|     | GNMA POOL 551120                                          | 6.500 % 8/15/2031                                                                                          | **       | 6                 |
|     | GNMA POOL 569327                                          | 6.500 % 4/15/2032                                                                                          | **       | 31                |

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|     | <b>Shared Holdings (aa) - HIMCO Bond Fund</b>             |                                                                                                            |          |                   |
|     | GNMA POOL 580880                                          | 6.500 % 11/15/2031                                                                                         | **       | 8                 |
|     | GNMA POOL 622278                                          | 5.000 % 4/15/2035                                                                                          | **       | 3                 |
|     | GNMA POOL 631242                                          | 5.500 % 6/15/2035                                                                                          | **       | 16                |
|     | GNMA POOL 641601                                          | 5.000 % 3/15/2035                                                                                          | **       | 5                 |
|     | GNMA POOL 646865                                          | 5.000 % 8/15/2035                                                                                          | **       | 5                 |
|     | GNMA POOL 726316                                          | 5.000 % 9/15/2039                                                                                          | **       | 41                |
|     | GNMA POOL AM8608                                          | 4.000 % 6/15/2045                                                                                          | **       | 111               |
|     | GOLDMAN SACHS GROUP INC                                   | 2.383 % 7/21/2032                                                                                          | **       | 459               |
|     | GOVERNMENT NATIONAL MORTGAGE A                            | 5.000 % 8/20/2039                                                                                          | **       | 13                |
|     | GOVERNMENT NATIONAL MORTGAGE A                            | 2.300 % 7/16/2057                                                                                          | **       | 190               |
|     | GOVERNMENT NATIONAL MORTGAGE A                            | 2.500 % 9/16/2056                                                                                          | **       | 219               |
|     | GOVERNMENT STIF 12                                        | 4.424 % 12/31/2030                                                                                         | **       | 828               |
|     | HOME DEPOT INC                                            | 2.950 % 6/15/2029                                                                                          | **       | 695               |
|     | HONDA AUTO RECEIVABLES OWNER T                            | 5.170 % 5/15/2030                                                                                          | **       | 214               |
|     | HUDSON YARDS                                              | 3.228 % 7/10/2039                                                                                          | **       | 909               |
|     | HUNTINGTON BANCSHARES                                     | 2.550 % 2/4/2030                                                                                           | **       | 660               |
|     | ING GROEP NV                                              | 1.726 % 4/1/2027                                                                                           | **       | 865               |
|     | JP MORGAN MORTGAGE TRUST                                  | 2.957 % 10/25/2046                                                                                         | **       | 85                |
|     | JPMBB COMMERCIAL MORTGAGE SECUR                           | 3.801 % 8/15/2048                                                                                          | **       | 812               |
|     | JPMORGAN CHASE + CO                                       | 1.578 % 4/22/2027                                                                                          | **       | 960               |
|     | KLA CORP                                                  | 4.100 % 3/15/2029                                                                                          | **       | 732               |
|     | LLOYDS BANKING GROUP PLC                                  | 3.750 % 1/11/2027                                                                                          | **       | 489               |
|     | LOWE S COS INC                                            | 1.700 % 10/15/2030                                                                                         | **       | 377               |
|     | LOWE S COS INC                                            | 3.650 % 4/5/2029                                                                                           | **       | 893               |
|     | MACQUARIE GROUP LTD                                       | 1.340 % 1/12/2027                                                                                          | **       | 723               |
|     | META PLATFORMS INC                                        | 3.850 % 8/15/2032                                                                                          | **       | 697               |
|     | MONDELEZ INTERNATIONAL                                    | 2.750 % 4/13/2030                                                                                          | **       | 309               |
|     | MONONGAHELA POWER CO                                      | 3.550 % 5/15/2027                                                                                          | **       | 727               |
|     | MORGAN STANLEY                                            | 1.512 % 7/20/2027                                                                                          | **       | 950               |
|     | MORGAN STANLEY CAPITAL I TRUST                            | 3.809 % 12/15/2048                                                                                         | **       | 493               |
|     | NATWEST GROUP PLC                                         | 1.642 % 6/14/2027                                                                                          | **       | 716               |
|     | NEW YORK LIFE GLOBAL FDG                                  | 1.200 % 8/7/2030                                                                                           | **       | 822               |
|     | NSTAR ELECTRIC CO                                         | 1.950 % 8/15/2031                                                                                          | **       | 415               |
|     | NVIDIA CORP                                               | 1.550 % 6/15/2028                                                                                          | **       | 681               |
|     | PENSKE TRUCK LEASING/PTL                                  | 4.200 % 4/1/2027                                                                                           | **       | 246               |
|     | PNC FINANCIAL SERVICES                                    | 2.550 % 1/22/2030                                                                                          | **       | 444               |
|     | QUALCOMM INC                                              | 1.650 % 5/20/2032                                                                                          | **       | 869               |
|     | RTX CORP                                                  | 4.125 % 11/16/2028                                                                                         | **       | 1,363             |
|     | SANTANDER HOLDINGS USA                                    | 4.400 % 7/13/2027                                                                                          | **       | 494               |
|     | SMALL BUSINESS ADMINISTRATION                             | 2.720 % 3/1/2035                                                                                           | **       | 89                |

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|----------------------------------------|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------|------------|----------|-------------------|
| Shared Holdings (aa) - HIMCO Bond Fund |                                                           |                                                                                                            |            |          |                   |
|                                        | SMALL BUSINESS ADMINISTRATION                             | 2.880 %                                                                                                    | 8/1/2034   | **       | 102               |
|                                        | SMALL BUSINESS ADMINISTRATION                             | 2.210 %                                                                                                    | 2/1/2033   | **       | 113               |
|                                        | SMALL BUSINESS ADMINISTRATION                             | 2.870 %                                                                                                    | 7/1/2034   | **       | 118               |
|                                        | SMALL BUSINESS ADMINISTRATION                             | 2.770 %                                                                                                    | 5/1/2035   | **       | 124               |
|                                        | SMALL BUSINESS ADMINISTRATION                             | 3.110 %                                                                                                    | 4/1/2034   | **       | 160               |
|                                        | SMALL BUSINESS ADMINISTRATION                             | 2.820 %                                                                                                    | 8/1/2035   | **       | 160               |
|                                        | SMALL BUSINESS ADMINISTRATION                             | 2.820 %                                                                                                    | 9/1/2035   | **       | 160               |
|                                        | SMALL BUSINESS ADMINISTRATION                             | 2.700 %                                                                                                    | 11/1/2035  | **       | 266               |
|                                        | SMALL BUSINESS ADMINISTRATION                             | 2.310 %                                                                                                    | 8/1/2044   | **       | 254               |
|                                        | SMALL BUSINESS ADMINISTRATION                             | 2.880 %                                                                                                    | 7/1/2035   | **       | 281               |
|                                        | SMALL BUSINESS ADMINISTRATION                             | 2.270 %                                                                                                    | 2/1/2036   | **       | 276               |
|                                        | SMALL BUSINESS ADMINISTRATION                             | 2.220 %                                                                                                    | 10/1/2044  | **       | 297               |
|                                        | SMALL BUSINESS ADMINISTRATION                             | 2.380 %                                                                                                    | 12/1/2044  | **       | 401               |
|                                        | SMALL BUSINESS ADMINISTRATION                             | 3.770 %                                                                                                    | 10/1/2038  | **       | 457               |
|                                        | SMALL BUSINESS ADMINISTRATION                             | 2.480 %                                                                                                    | 11/1/2044  | **       | 436               |
|                                        | SMALL BUSINESS ADMINISTRATION                             | 2.140 %                                                                                                    | 9/1/2044   | **       | 455               |
|                                        | SMALL BUSINESS ADMINISTRATION                             | 1.280 %                                                                                                    | 1/1/2046   | **       | 457               |
|                                        | SMALL BUSINESS ADMINISTRATION                             | 4.010 %                                                                                                    | 6/1/2047   | **       | 582               |
|                                        | SMALL BUSINESS ADMINISTRATION                             | 3.200 %                                                                                                    | 3/1/2039   | **       | 575               |
|                                        | SOUTHERN POWER CO                                         | 0.900 %                                                                                                    | 1/15/2026  | **       | 792               |
|                                        | STATE STREET CORP                                         | 2.400 %                                                                                                    | 1/24/2030  | **       | 448               |
|                                        | SUMITOMO MITSUI FINL GRP                                  | 1.902 %                                                                                                    | 9/17/2028  | **       | 986               |
|                                        | TAKEDA PHARMACEUTICAL                                     | 2.050 %                                                                                                    | 3/31/2030  | **       | 681               |
|                                        | TOLEDO EDISON COMPANY                                     | 2.650 %                                                                                                    | 5/1/2028   | **       | 766               |
|                                        | TORONTO DOMINION BANK                                     | 3.200 %                                                                                                    | 3/10/2032  | **       | 1,048             |
|                                        | TRANE TECH GLOB HOLD                                      | 3.750 %                                                                                                    | 8/21/2028  | **       | 724               |
|                                        | TRUIST FINANCIAL CORP                                     | 1.267 %                                                                                                    | 3/2/2027   | **       | 719               |
|                                        | UBS GROUP AG                                              | 2.095 %                                                                                                    | 2/11/2032  | **       | 825               |
|                                        | UBS GROUP AG                                              | 4.282 %                                                                                                    | 1/9/2028   | **       | 1,002             |
|                                        | UNION PACIFIC CORP                                        | 2.375 %                                                                                                    | 5/20/2031  | **       | 345               |
|                                        | UNITEDHEALTH GROUP INC                                    | 2.300 %                                                                                                    | 5/15/2031  | **       | 193               |
|                                        | UNIV OF CALIFORNIA REVENUES                               | 3.063 %                                                                                                    | 7/1/2025   | **       | 497               |
|                                        | US BANCORP                                                | 3.150 %                                                                                                    | 4/27/2027  | **       | 968               |
|                                        | US DOLLAR                                                 | — %                                                                                                        | (blank)    | **       | 401               |
|                                        | US TREASURY N/B                                           | 4.125 %                                                                                                    | 10/31/2025 | **       | 985               |
|                                        | US TREASURY N/B                                           | 4.000 %                                                                                                    | 12/31/2025 | **       | 1,233             |
|                                        | US TREASURY N/B                                           | 4.250 %                                                                                                    | 2/15/2026  | **       | 1,461             |
|                                        | US TREASURY N/B                                           | 4.000 %                                                                                                    | 10/15/2026 | **       | 1,675             |
|                                        | US TREASURY N/B                                           | 2.750 %                                                                                                    | 4/15/2027  | **       | 2,018             |
|                                        | US TREASURY N/B                                           | 3.500 %                                                                                                    | 10/15/2027 | **       | 2,931             |

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| <b>Shared Holdings (aa) - HIMCO Bond Fund</b>                 |                                                                                                            |          |                   |
| US TREASURY N/B                                               | 3.625 % 1/31/2028                                                                                          | **       | 2,934             |
| US TREASURY N/B                                               | 3.875 % 5/31/2028                                                                                          | **       | 3,859             |
| US TREASURY N/B                                               | 0.250 % 1/31/2029                                                                                          | **       | 4,839             |
| US TREASURY N/B                                               | 4.625 % 8/31/2030                                                                                          | **       | 5,031             |
| US TREASURY N/B                                               | 4.500 % 8/15/2032                                                                                          | **       | 5,025             |
| US TREASURY N/B                                               | 1.625 % 2/15/2034                                                                                          | **       | 7,843             |
| US TREASURY N/B                                               | 0.375 % 11/15/2034                                                                                         | **       | 12,687            |
| VERIZON COMMUNICATIONS                                        | 4.329 % 3/22/2028                                                                                          | **       | 706               |
| VERIZON COMMUNICATIONS                                        | 2.100 % 9/21/2028                                                                                          | **       | 690               |
| VIRGINIA ELEC + POWER CO                                      | 3.500 % 3/15/2027                                                                                          | **       | 487               |
| WELLS FARGO + COMPANY                                         | 3.350 % 3/2/2033                                                                                           | **       | 701               |
| WESTLAKE CORP                                                 | 3.375 % 6/15/2030                                                                                          | **       | 596               |
| WESTPAC BANKING CORP                                          | 2.150 % 6/3/2031                                                                                           | **       | 678               |
| WORLD OMNI AUTO RECEIVABLES TR                                | 4.860 % 3/15/2029                                                                                          | **       | 565               |
| WRKCO INC                                                     | 3.900 % 6/1/2028                                                                                           | **       | 964               |
| <b>Shared Holdings (aa) - HIMCO Bond Fund Total</b>           |                                                                                                            |          | <b>\$ 160,675</b> |

(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.

\* Indicates party-in-interest.

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

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| <b>Shared Holdings (bb) - Insight North America LLC</b>       |                                                                                                            |          |                   |
| BLACKROCK                                                     | BlackRock 1-3 Year Government Bond Index Fund                                                              | **       | \$ 27,288         |
| BLACKROCK                                                     | BlackRock 1-3 Year Credit Bond Index Fund                                                                  | **       | 26,604            |
| BLACKROCK                                                     | BlackRock Commercial Mortgage-Backed Securities Index                                                      | **       | 9,147             |
| BLACKROCK                                                     | BlackRock Long term Govt Bond Index Fund                                                                   | **       | 29                |
| BLACKROCK                                                     | BlackRock Mortgage-Backed Securities Index Fund                                                            | **       | 29,018            |
| BLACKROCK                                                     | BlackRock Intermediate Term Credit Bond Index Fund                                                         | **       | 21,796            |
| BLACKROCK                                                     | BlackRock Asset-Backed Securities Index Fund                                                               | **       | 23,429            |
| PRUDENTIAL                                                    |                                                                                                            | **       | 127,469           |
| US DOLLAR                                                     |                                                                                                            | **       | 29                |
| AEP TEXAS CENTRAL TRANSITION F                                | 2.056 % 2/1/2027                                                                                           | **       | 107               |
| AMERICAN EXPRESS CREDIT ACCOUN                                | 3.390 % 5/15/2027                                                                                          | **       | 1,145             |
| AMERICAN EXPRESS CREDIT ACCOUN                                | 2.210 % 3/15/2027                                                                                          | **       | 2,737             |
| APPALACHIAN CONSUMER RATE RELI                                | 3.772 % 8/1/2031                                                                                           | **       | 1,508             |
| BANK                                                          | 5.658 % 2/15/2056                                                                                          | **       | 678               |
| BANK5                                                         | 5.769 % 6/15/2057                                                                                          | **       | 1,892             |
| BARCLAYS COMMERCIAL MORTGAGE S                                | 5.495 % 12/15/2055                                                                                         | **       | 1,437             |
| BENCHMARK MORTGAGE TRUST                                      | 5.602 % 8/15/2057                                                                                          | **       | 1,709             |
| BMO MORTGAGE TRUST                                            | 5.326 % 9/15/2054                                                                                          | **       | 920               |
| BMO MORTGAGE TRUST                                            | 6.045 % 5/15/2057                                                                                          | **       | 1,922             |
| BMW VEHICLE LEASE TRUST                                       | 5.990 % 9/25/2026                                                                                          | **       | 299               |
| BMW VEHICLE LEASE TRUST                                       | 4.180 % 10/25/2027                                                                                         | **       | 517               |
| CD COMMERCIAL MORTGAGE TRUST                                  | 3.248 % 11/10/2049                                                                                         | **       | 1,201             |
| CNH EQUIPMENT TRUST                                           | 4.770 % 6/15/2029                                                                                          | **       | 338               |
| CNH EQUIPMENT TRUST                                           | 5.190 % 9/17/2029                                                                                          | **       | 576               |
| CNH EQUIPMENT TRUST                                           | 4.810 % 8/15/2028                                                                                          | **       | 993               |
| DAIMLER TRUCKS RETAIL TRUST                                   | 5.490 % 12/15/2027                                                                                         | **       | 392               |
| DEUTSCHE BANK COMMERCIAL MORTG                                | 3.071 % 6/10/2050                                                                                          | **       | 1,480             |
| DISCOVER CARD EXECUTION NOTE T                                | 3.560 % 7/15/2027                                                                                          | **       | 1,278             |
| FANNIE MAE                                                    | 2.250 % 1/25/2043                                                                                          | **       | 232               |
| FANNIE MAE                                                    | 2.000 % 5/25/2030                                                                                          | **       | 430               |
| FANNIE MAE                                                    | 3.000 % 5/25/2044                                                                                          | **       | 917               |

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| <b>Shared Holdings (bb) - Insight North America LLC</b>       |                                                                                                            |          |                   |
| FANNIE MAE                                                    | 2.500 % 4/25/2042                                                                                          | **       | 1,005             |
| FANNIE MAE                                                    | 2.500 % 7/25/2037                                                                                          | **       | 1,169             |
| FANNIE MAE                                                    | 4.000 % 5/25/2031                                                                                          | **       | 1,260             |
| FANNIE MAE                                                    | 2.500 % 12/25/2037                                                                                         | **       | 1,502             |
| FANNIE MAE                                                    | 3.000 % 6/25/2039                                                                                          | **       | 3,245             |
| FORD CREDIT AUTO OWNER TRUST                                  | 4.650 % 2/15/2028                                                                                          | **       | 295               |
| FREDDIE MAC                                                   | 4.000 % 8/15/2025                                                                                          | **       | 24                |
| FREDDIE MAC                                                   | 3.000 % 2/15/2044                                                                                          | **       | 664               |
| FREDDIE MAC                                                   | 2.500 % 2/25/2038                                                                                          | **       | 730               |
| FREDDIE MAC                                                   | 2.500 % 2/25/2040                                                                                          | **       | 1,057             |
| FREDDIE MAC                                                   | 3.000 % 2/15/2034                                                                                          | **       | 1,145             |
| FREDDIE MAC                                                   | 5.000 % 5/25/2035                                                                                          | **       | 1,235             |
| FREDDIE MAC                                                   | 2.500 % 4/15/2037                                                                                          | **       | 1,222             |
| FREDDIE MAC                                                   | 2.000 % 4/25/2041                                                                                          | **       | 1,217             |
| FREDDIE MAC                                                   | 2.500 % 12/25/2037                                                                                         | **       | 1,649             |
| GM FINANCIAL AUTOMOBILE LEASIN                                | 5.380 % 11/20/2026                                                                                         | **       | 123               |
| GM FINANCIAL AUTOMOBILE LEASIN                                | 5.390 % 7/20/2027                                                                                          | **       | 630               |
| GOVERNMENT NATIONAL MORTGAGE A                                | 2.000 % 3/20/2042                                                                                          | **       | 22                |
| GOVERNMENT NATIONAL MORTGAGE A                                | 3.000 % 9/20/2043                                                                                          | **       | 262               |
| GOVERNMENT NATIONAL MORTGAGE A                                | 3.500 % 8/16/2039                                                                                          | **       | 266               |
| GOVERNMENT NATIONAL MORTGAGE A                                | 3.500 % 3/20/2049                                                                                          | **       | 346               |
| GOVERNMENT NATIONAL MORTGAGE A                                | 4.000 % 6/20/2040                                                                                          | **       | 935               |
| GOVERNMENT NATIONAL MORTGAGE A                                | 4.500 % 1/20/2051                                                                                          | **       | 969               |
| GOVERNMENT NATIONAL MORTGAGE A                                | 2.500 % 11/20/2048                                                                                         | **       | 909               |
| GOVERNMENT NATIONAL MORTGAGE A                                | 2.500 % 10/20/2035                                                                                         | **       | 998               |
| GOVERNMENT NATIONAL MORTGAGE A                                | 5.500 % 7/20/2034                                                                                          | **       | 1,234             |
| GOVERNMENT NATIONAL MORTGAGE A                                | 2.500 % 6/20/2036                                                                                          | **       | 1,467             |
| GOVERNMENT NATIONAL MORTGAGE A                                | 3.000 % 8/20/2042                                                                                          | **       | 1,535             |
| GOVERNMENT STIF 12                                            | 4.424 % 12/31/2030                                                                                         | **       | 2,818             |
| HYUNDAI AUTO RECEIVABLES TRUST                                | 2.220 % 10/15/2026                                                                                         | **       | 401               |
| HYUNDAI AUTO RECEIVABLES TRUST                                | 4.840 % 3/15/2029                                                                                          | **       | 499               |
| JOHN DEERE OWNER TRUST                                        | 0.520 % 3/16/2026                                                                                          | **       | 271               |
| JOHN DEERE OWNER TRUST                                        | 2.320 % 9/15/2026                                                                                          | **       | 370               |
| JOHN DEERE OWNER TRUST                                        | 5.010 % 11/15/2027                                                                                         | **       | 932               |
| PG+E RECOVERY FND LLC                                         | 4.838 % 6/1/2035                                                                                           | **       | 657               |
| TOYOTA AUTO RECEIVABLES OWNER                                 | 4.710 % 2/15/2028                                                                                          | **       | 494               |
| US TREASURY N/B                                               | 1.500 % 2/15/2025                                                                                          | **       | 1,798             |

**The Hartford Investment and Savings Plan Supplemental Schedule**  
**Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at the End of Year)**  
**As of December 31, 2024**  
**(\$ 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       |                                                           |                                                                                                            |            |    |          |                   |
|                                                        | US TREASURY N/B                                           | 3.875 %                                                                                                    | 10/15/2027 | ** |          | 4,393             |
|                                                        | WORLD OMNI AUTO RECEIVABLES TR                            | 5.790 %                                                                                                    | 2/15/2029  | ** |          | 288               |
|                                                        | WORLD OMNI AUTO RECEIVABLES TR                            | 0.810 %                                                                                                    | 10/15/2026 | ** |          | 372               |
|                                                        | WORLD OMNI AUTO RECEIVABLES TR                            | 4.860 %                                                                                                    | 3/15/2029  | ** |          | 668               |
| Shared Holdings (bb) - Insight North America LLC Total |                                                           |                                                                                                            |            |    | \$       | 328,593           |

(bb) Shared holdings are other underlying securities making up the total value of the four Guaranteed Investment Contracts under Insight North America LLC Bond fund: American General Life #1646368, American General Life #1635582, RGA #RGA00058 and Prudential #GA62433

\* Indicates party-in-interest.

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

**The Hartford Investment and Savings Plan Supplemental Schedule**  
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**As of December 31, 2024**  
**(\$ In Thousands)**

| (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 |
|-----------------------------------------------------------|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------|-------------------|
| *                                                         | <b>State Street Government Short Term Investment Fund- Common Collective Trust</b>                      |                                                                                                            |          |                   |
|                                                           | GOVERNMENT STIF 12                                                                                      |                                                                                                            | ** \$    | 13,638            |
| *                                                         | <b>State Street Government Short Term Investment Fund- Common Collective Trust Total</b>                |                                                                                                            | \$       | <b>13,638</b>     |
| *                                                         | <i>Indicates party-in-interest.</i>                                                                     |                                                                                                            |          |                   |
| **                                                        | <i>Cost information is not required for Member directed investments, and therefore is not included.</i> |                                                                                                            |          |                   |

**The Hartford Investment and Savings Plan Supplemental Schedule**  
**Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at the End of Year)**  
**As of December 31, 2024**  
**(\$ 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 |
|-----|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------|-------------------|
|     | <b>The Hartford Stock Fund</b>                            |                                                                                                            |          |                   |
|     | GOVERNMENT STIF 12                                        |                                                                                                            | **       | \$ 656            |
| *   | The Hartford Stock Fund, Common stock                     |                                                                                                            | **       | 290,355           |
|     | <b>The Hartford Stock Fund Total</b>                      |                                                                                                            |          | <b>\$ 291,011</b> |

\* Indicates party-in-interest.

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

| (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 |
|--------------------------------|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-----------|-------------------|
| <b>Wrapper Contracts</b>       |                                                           |                                                                                                            |           |                   |
|                                | Transamerica Premier Life                                 |                                                                                                            | ** \$     | —                 |
|                                | American General Life Ins Co                              |                                                                                                            | **        | —                 |
|                                | American General Life Ins Co                              |                                                                                                            | **        | —                 |
|                                | RGA                                                       |                                                                                                            | **        | —                 |
|                                | Prudential                                                |                                                                                                            | **        | —                 |
| <b>Wrapper Contracts Total</b> |                                                           |                                                                                                            | <b>\$</b> | <b>—</b>          |

\* Indicates party-in-interest.

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

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| <b>Subtotal All Funds</b>                                                         | <b>Total Current Value</b> |
|-----------------------------------------------------------------------------------|----------------------------|
| Chartwell Equity Securities                                                       | \$ 86,956                  |
| Clearing Account                                                                  | 92                         |
| Collective Investment Trusts                                                      | 4,383,081                  |
| Loomis Sayles Growth Fund                                                         | 452,670                    |
| Lee Munder Equity Securities                                                      | 128,342                    |
| T. Rowe Price                                                                     | 84,658                     |
| Loan Fund                                                                         | 78,776                     |
| Master Expense Account                                                            | 4                          |
| Mutual Funds                                                                      | 961,793                    |
| JP Morgan International Fiance<br>Limited                                         | 128,014                    |
| Separate Account GIC                                                              | 73,805                     |
| Shared Holdings (aa) - HIMCO Bond<br>Fund                                         | 160,675                    |
| Shared Holdings (bb) - Insight North<br>America LLC                               | 328,593                    |
| State Street Government Short Term<br>Investment Fund- Common<br>Collective Trust | 13,638                     |
| The Hartford Stock Fund                                                           | 291,011                    |
| Wrapper Contracts                                                                 | —                          |
| <b>Total Schedule of Assets</b>                                                   | <b>\$ 7,172,108</b>        |