
Attention:

- **Telephone requests for the 2007 Form 5500-series forms, schedules, and instructions will not be filled until October 16, 2007.**
- **Requests for the 2007 Form 5500-series products can be made on the Internet (see below) beginning October 16, 2007. Requests made prior to that date will be filled with the 2006 version of the products.**

The product you are about to view is provided for information purposes and should not be reproduced on personal computer printers by individual taxpayers for filing.

The Forms 5500 and 5500-EZ (and related schedules) are printed on special paper with dropout ink so they can be processed by the computerized processing system "EFAST." These forms and schedules may be obtained by calling 1-800-TAX-FORM (1-800-829-3676). Be sure to order using the IRS form number.

Note: You can also use the Internet link [Forms and Publications by U.S. Mail](#) to request a *limited* number of these forms and schedules.

Check the Department of Labor's website at www.efast.dol.gov for additional information concerning the processing system, electronic filing, software, and "non-standard" filings.

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

- ▶ **File as an attachment to Form 5500.**
- ▶ Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).

Official Use Only

OMB No. 1210-0110

2007

**This Form is Open to
Public Inspection.**

For calendar plan year 2007
or fiscal plan year beginning

MM / DD / YYYY

and ending

MM / DD / YYYY

A Name of plan

B Three-digit
plan number

□□□

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

D Employer Identification Number

□□-□□□□□□

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:

(a) Name of insurance carrier

□□□□□□□□□□□□□□□□□□□□□□
□□□□□□□□□□□□□□□□□□□□□□

(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

MM / DD / YYYY

(g) To

MM / DD / YYYY

2 Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commissions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.

Totals

Total amount of commissions paid

Total fees paid / amount

□□□□□□□□□□.00

□□□□□□□□□□.00

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. Cat. No. 135051 Schedule A (Form 5500) 2007



(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

Name														
Street Address														
City										State		Zip Code		

(b) Amount of commissions paid

										.00	
--	--	--	--	--	--	--	--	--	--	-----	--

(c) Fees paid / Amount

										.00	
--	--	--	--	--	--	--	--	--	--	-----	--

(e) Organization code

--	--	--	--	--	--	--	--	--	--	--	--

(d) Fees paid / Purpose

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

Name														
Street Address														
City										State		Zip Code		

(b) Amount of commissions paid

										.00	
--	--	--	--	--	--	--	--	--	--	-----	--

(c) Fees paid / Amount

										.00	
--	--	--	--	--	--	--	--	--	--	-----	--

(e) Organization code

--	--	--	--	--	--	--	--	--	--	--	--

(d) Fees paid / Purpose

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

Name														
Street Address														
City										State		Zip Code		

(b) Amount of commissions paid

										.00	
--	--	--	--	--	--	--	--	--	--	-----	--

(c) Fees paid / Amount

										.00	
--	--	--	--	--	--	--	--	--	--	-----	--

(e) Organization code

--	--	--	--	--	--	--	--	--	--	--	--

(d) Fees paid / Purpose



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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.

3 Current value of plan's interest under this contract in the general account at year end .00

4 Current value of plan's interest under this contract in separate accounts at year end .00

5 Contracts With Allocated Funds

a State the basis of premium rates

▶

b Premiums paid to carrier00

c Premiums due but unpaid at the end of the year00

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 amount00

Specify nature of costs

▶

e Type of contract (1) individual policies (2) group deferred annuity

(3) other (specify below)

▶

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

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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 organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. 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.

7 Benefit and contract type (check all applicable boxes)

- | | | | | | | | |
|------------------------------|----------------------------------------------|------------------------------|----------------------|------------------------------|---------------------------|------------------------------|--------------------|
| (a) <input type="checkbox"/> | Health (other than dental or vision) | (b) <input type="checkbox"/> | Dental | (c) <input type="checkbox"/> | Vision | (d) <input type="checkbox"/> | Life insurance |
| (e) <input type="checkbox"/> | Temporary disability (accident and sickness) | (f) <input type="checkbox"/> | Long-term disability | (g) <input type="checkbox"/> | Supplemental unemployment | (h) <input type="checkbox"/> | Prescription drug |
| (i) <input type="checkbox"/> | Stop loss (large deductible) | (j) <input type="checkbox"/> | HMO contract | (k) <input type="checkbox"/> | PPO contract | (l) <input type="checkbox"/> | Indemnity contract |
| (m) <input type="checkbox"/> | Other (specify below) | | | | | | |

►

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

8 Experience-rated contracts

a Premiums:

- | | | |
|-----------------------------------------------------------|----------------------|-----|
| (1) Amount received | <input type="text"/> | .00 |
| (2) Increase (decrease) in amount due but unpaid | <input type="text"/> | .00 |
| (3) Increase (decrease) in unearned premium reserve | <input type="text"/> | .00 |
| (4) Earned ((1) + (2) - (3)) | <input type="text"/> | .00 |

b Benefit charges:

- | | | |
|-------------------------------------------------|----------------------|-----|
| (1) Claims paid | <input type="text"/> | .00 |
| (2) Increase (decrease) in claim reserves | <input type="text"/> | .00 |
| (3) Incurred claims (add (1) and (2)) | <input type="text"/> | .00 |
| (4) Claims charged | <input type="text"/> | .00 |

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8c Remainder of premium:

(1) Retention charges (on an accrual basis) --

(A) Commissions

(B) Administrative service or other fees

(C) Other specific acquisition costs

(D) Other expenses

(E) Taxes

(F) Charges for risks or other contingencies

(G) Other retention charges

(H) Total retention

(2) Dividends or retroactive rate refunds.

(These amounts were 1) paid in cash, or 2) credited.) ..

d Status of policyholder reserves at end of year:

(1) Amount held to provide benefits after retirement

(2) Claim reserves

(3) Other reserves

e Dividends or retroactive rate refunds due.

(Do not include amount entered in c(2).)

9 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier

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, item 2 above, report amount

Specify nature of costs below

Table with 10 columns for reporting specific costs.



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