

(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	
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(c) Fees paid / Amount

																.00	
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(e) Organization code

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(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

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(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	
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(c) Fees paid / Amount

																.00	
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(e) Organization code

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(d) Fees paid / 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.

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 ▶



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) 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 below)

▶

8 Experience-rated contracts

a Premiums:

- (1) Amount received00
- (2) Increase (decrease) in amount due but unpaid00
- (3) Increase (decrease) in unearned premium reserve00
- (4) Earned ((1) + (2) - (3))00

b Benefit charges:

- (1) Claims paid00
- (2) Increase (decrease) in claim reserves00
- (3) Incurred claims (add (1) and (2))00
- (4) Claims charged00

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c Remainder of premium:

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

(A) Commissions

Grid for (A) Commissions

(B) Administrative service or other fees

Grid for (B) Administrative service or other fees

(C) Other specific acquisition costs

Grid for (C) Other specific acquisition costs

(D) Other expenses

Grid for (D) Other expenses

(E) Taxes

Grid for (E) Taxes

(F) Charges for risks or other contingencies

Grid for (F) Charges for risks or other contingencies

(G) Other retention charges

Grid for (G) Other retention charges

(H) Total retention

Grid for (H) Total retention

(2) Dividends or retroactive rate refunds.

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

Grid for (2) Dividends or retroactive rate refunds

d Status of policyholder reserves at end of year:

(1) Amount held to provide benefits after retirement

Grid for (1) Amount held to provide benefits after retirement

(2) Claim reserves

Grid for (2) Claim reserves

(3) Other reserves

Grid for (3) Other reserves

e Dividends or retroactive rate refunds due.

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

Grid for e Dividends or retroactive rate refunds due

9 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier

Grid for 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

Grid for b If the carrier, service, or other organization incurred any specific costs

Large empty grid for specifying nature of costs

