## **Attention:**

- Telephone requests for the forms, schedules, and instructions for the 2008 Form 5500-series will not be filled until December 10, 2008.
- Requests for the 2008 Form 5500-series products can be made on the Internet (see below) beginning December 10, 2008. Requests made prior to that date will be filled with the 2007 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 <u>www.efast.dol.gov</u> for additional information concerning the processing system, electronic filing, software, and "non-standard" filings.

**Note:** There is no Schedule B (Form 5500) for filing 2008 plan year actuarial information. Instead, file the 2008 Schedule MB (Form 5500), Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information, or the Schedule SB (Form 5500), Single-Employer Defined Benefit Plan Actuarial Information, as applicable. For only plan year 2008 filings, paper Schedules MB and SB are provided in the format presented for completion by pen or typewriter.

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•	SCHEDULE A (Form 5500)		Official Use Only OMB No. 1210-0110					
	Department of the Treasury Internal Revenue Service	he	2008					
	Department of Labor Employee Benefits Security Administration	This Form is Open to Public Inspection.						
	alendar plan year 2008	pursuant to ERISA section						
	al plan year beginning		and ending		KO / MANA			
A Na	me of plan		В	Three-digu plan nur. be	er ►			
<b>C</b> Pla	an sponsor's name as shown	on line 2a of Form 5500	D	Ft. n oyer I	dentification Number			
Part		erning Insurance Contract Coverage, or each contract on a separate Schedule A. single Schedule A.			s a unit in Parts II and III			
<b>1</b> C	overage:		0					
(a) N	ame of insurance carrier		<b>9</b>					
		US ON						
(b) E	IN		ode					
(d) C	ontract or identification numbe	ır						
<b>(e)</b> A	pproximate number of persons	s covered at a to of policy or contract year						
Policy	or contract year (f) F		<b>(g)</b> To					
		Sons paid to agents, brokers and other peers and other persons individually in descent I.						
Total	s Total mount o	Total fees pai	Total fees paid / amount					

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. Cat. No. 135051 Schedule A (Form 5500) 2008



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					Zip Code	-			
(b)	Amount of commissions paid	(c)	Fees paid / Amount			(e	) Organization code		
(d)	Fees paid / Purpose								
					0.				
				15					
(a)	Name and address of the agents, brokers or other persons to whom commissions or fees we paid								
(b)	Amount of commissions paid		Fees pa Amount			(e)	Organization code		
(d)	Fees paid / Purpose	.00	5						
		63							
		. AY							
(a)	Name and address of the agents, brokers wher persons to whom commissions or fees were paid								
	Name								
	Street Aldress								
	Ciy								
(b)	Amount of commission: ניסי	(c)	Fees paid / Amount			(e)	Organization code		
(4)									
(d)	Fees paid / Pur <sub>P</sub> se								



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Official Use Only

Pa	rt 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
4	Current value of plan's interest under this contract in separate accounts at year end
5 a	Contracts With Allocated Funds State the basis of premium rates
b	Premiums paid to carrier
с	Premiums due but unpaid at the end of the year
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
е	Type of contract (1) individue'r licies (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



	deposit administration (2) immediate participation guarantee	(3) guara	anteed investment
(1) (4)	other (specify below)	(C) guar	
			<b>C</b>
Balano	e at the end of the previous year		
dditio	ons:	<b>6</b> 0.	
1) C	ontributions deposited during the year	.00	
2) C	ividends and credits	.00	
<i>3)</i> Ir	nterest credited during the year	.00	
4) T	ransferred from separate account		
5) C	ther (specify below)		
<i>6)</i> T	otal additions		
otal o	of balance and additions (add <b>b</b> and <b>c</b> (6))		
	tions: isbursed from fund to pay benefits or		
	urchase annuities during year		
2) A	dministration charge made by carrier		
<i>3)</i> T	ransferred to separate acr, u.t		
4) C	ther (specify below)		
	40 <sup>8</sup>		
5) To	otal deductions		

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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	Ben	nefit and contract type (check all ap	plicable boxes	6)				•
(	(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 unemploymer	(1)	Prescription drug
	(i)	Stop loss (large deductible)	(i)	HMO contract	(k)	PPO contrent	(I)	Indemnity contract
(1	n)	Other (specify below)				154		
						Ó		
8	Exp	perience-rated contracts			0	•		
а		miums: Amount received						
	(2)	Increase (decrease) in amount due but unpaid		<u>su</u> s				
	(3)	Increase (decrease) in unearned premium reserve		and a set				
	(4)	Earned ((1) + (2) - (3))						
b		nefit charges: Claims paid	10 <sup>m</sup>					
	(2)	Increase (decrease) in clair, reser	rves					
	(3)	Incurred claims (adu v) and (2)).						
	(4)	Claims charled						



Г						
		Schedule A (Form 5500) 2008 Page 6		0#	sial Llas Only	
80	Rem	nainder of premium:		Olli	cial Use Only	
		Retention charges (on an accrual basis)				
		(A) Commissions				
		(B) Administrative service or other fees				
		(C) Other specific acquisition costs		G		
		(D) Other expenses	.00			
		(E) Taxes				
		(F) Charges for risks or other contingencies				
		(G) Other retention charges	.00			
		(H) Total retention				
	(2)	Dividends or retroactive rate refunds.				
		(These amounts were 1) paid in cash, or 2) credited.)				
d		tus of policyholder reserves at end of year: Amount held to provide benefits after retirement				
	(2)	Claim reserves				
	(3)	Other reserves				
e		idends or retroactive rate refunds due. not include amount entered in c(2).)				
9	Non	nexperience-rated contracts:				
а	Tota	al premiums or subscription char, a paid to carrier				
b	in co othe	the carrier, service, or othe c ganization incurred any specific costs connection with the accuration or retention of the contract or policy, er than reported in Part, item 2 above, report amount				

