## **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 <a href="www.efast.dol.gov">www.efast.dol.gov</a> 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.

## **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

This Form is Open to Public Inspection.

For calendar plan year 2008 or fiscal plan year beginning and ending  A Name of plan  C Plan sponsor's name as shown on line 2a of Form 5500  Part I Information Concerning Insurance Contract Coverage, Fees, and Co	Three-digit plan number
C Plan sponsor's name as shown on line 2a of Form 5500	
	<b>O</b> >
Part I Information Concerning Insurance Contract Coverage, Fees, and Co	Employer Identification Number
Provide information for each contract on a separate Schedule A. Individual contract on 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 (g) To	
Insurance fees and commissions paid to agents, brokers and other persons. Enter the below and list agents, brokers and other persons individually in descending order of the following page(s) in Part I.	
Totals Total amount of commissions paid Total fees	paid / amount
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.	Cat. No. 13505l Schedule A (Form 5500) 2008



Schedule	Α	(Form	5500)	2008

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a)	Name and address of the agents, brokers or other	er persons to	whom commissions or fee	s were paid		
					Zip Code	
b)	Amount of commissions paid	(c)	Fees paid / Amount			(e) Organization code
d)	Fees paid / Purpose					
					,C)	
				14		
a)	Name and address of the agents, brokers or other	er persons to	whom commissions or fee			
				5		
b)	Amount of commissions paid	(c)	Fees paid / Amount			(e) Organization code
			47			code
d)	Fees paid / Purpose	42	0			
		0				
		67				
	اد					
a)	Name and address of the agents, brokers or other	er persons to	whom commissions or fee	s were paid		
	Name Street Address					
	Street Address					
	City					
(b)	Amount of commissions paid	(c)	Fees paid / Amount			(e) Organization code
·-IV	En wit / D.					
d)	Fees paid / Purpose					



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Page

Schedule A (Form 5500) 2008

		Official Use Only
Pa	Investment and Annuity Contract Information  Where individual contracts are provided, the entire group of such individual contracts with each carrier a unit for purposes of this report.	may be treated as
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	.00
5 a	Contracts With Allocated Funds State the basis of premium rates	
b	Premiums paid to carrier	
	Premiums due but unpaid at the end of the year	
e	Type of contract (1) individual policies (2) group deferred annuity  (3) other (specify below)	
•		

Schedule	Δ	Form	5500)	2008
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		racts With Unallocated Funds (Do not include pof contract	portions of these contracts maintaine	ed in separate accounts)	
	(1)	deposit administration (2)	immediate participation guarantee	(3) guaranteed inve	estment
	(4)	other (specify below)			
b	Bala	nce at the end of the previous year			
С	Addi	tions:			
	(1)	Contributions deposited during the year			
	(2)	Dividends and credits		.00	
	(3)	Interest credited during the year		<b>3</b> 7	
	(4)	Transferred from separate account	100		
	(5)	Other (specify below)			
	(6)	Total additions	0		
			JA		
		I of balance and additions (add <b>b</b> and <b>c</b> (6)) uctions:			
	(1)	Disbursed from fund to pay benefits or purchase annuities during year			
	(2)	Administration charge made by carrier			
	(3)	Transferred to separate account			
	(4)	Other (specify below)			
<b>&gt;</b>		The state of the s			
	(5)	Total deductions			
f	Bala	nce at the end of the current year (subtract e(5	5) from <b>d</b> )		
		0 5	0 8 0 0 0 4	0 H	
L	_				

Schedule A	(Form	5500)	2008
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Official Use Only

Part III	Welfare	<b>Benefit</b>	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	efit and contract type (check all ap	olicable bo	oxes)			.(	<b>⊘</b>	
(	a)	Health (other than dental or vision)	(b)	Dental	(c)	Vision	(d)	Life Insura	ince
(	e)	Temporary disability (accident and sickness)	(f)	Long-term disability	(g)	Supplemental unemploymen	(h)	Prescription	n drug
	(i)	Stop loss (large deductible)	(j)	HMO contract	(k)	PPO contract	(I)	Indemnity	contract
(r	n)	Other (specify below)				354			
<b>&gt;</b>						6			
В	Exp	erience-rated contracts			O				
а		niums: Amount received							
	(2)	Increase (decrease) in amount due but unpaid							
	(3)	Increase (decrease) in unearned premium reserve							
	(4)	Earned ((1) + (2) - (3))							
b	Ben	efit charges:							
	(1)	Claims paid							
	(2)	Increase (decrease) in claim reser	ves						
	(3)	Incurred claims (add (1) and (2))							
	(4)	a OP.							

Schedule /	Δι	Form	5500)	2008

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Вс	Rem <i>(1)</i>	nainder of premium:  Retention charges (on an accrual basis)  (A) Commissions	
		(C) Other specific acquisition costs	
		(D) Other expenses	
		(E) Taxes	
		(F) Charges for risks or other contingencies	
		(G) Other retention charges	
	(2)	(H) Total retention	
		(These amounts were 1) paid in cash, or 2) credited.)	
d		Amount held to provide benefits after retirement	
	(2)	Claim reserves	
	(3)	Other reserves	
е		dends or retroactive rate refunds due.  not include amount entered in c(2).)	
9		nexperience-rated contracts:	
а	Tota	al premiums or subscription charges paid to carrier	
b	in co	ne carrier, service, or other organization incurred any specific costs connection with the acquisition or retention of the contract or policy, er than reported in Part I, item 2 above, report amount	

