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SCHEDULE A (Form 5500)	Insura	nce Informati	on		Official Use (OMB No. 121	-		
Department of the Treasury Internal Revenue Service	•	red to be filed under sec		ie	୦୦୦୦ ୩୦୦: 121 ଜନ୍ମ			
Department of Labor		ment Income Security Ac attachment to Form 55						
Pension and Welfare Benefits <u>Administration</u> Pension Benefit Guaranty Corporation	Insurance companies pursuant t	are required to provide t to ERISA section 103(a)('n	This Form is Open Public Inspection.				
For calendar plan year 2001 for fiscal plan year beginning		and	ending					
Name of plan			_					
			В	Three-digit plan number	•			
Plan sponsor's name as shown of	on line 2a of Form 5500		D	Employer Id	entification Num	ber		
can be reported on a 1 Coverage:	Single Scheuule A.							
 Coverage: Name of insurance carrier 								
,								
b) EIN		(c) NAIC code						
		(c) NAIC code						
d) Contract or identification number	covered at end of policy or contr	ract year	(g) To					
 d) Contract or identification number e) Approximate number of persons Policy or contract year (f) From 2 Insurance fees and commission 	covered at end of policy or contr om MMM / DD / sions paid to agents, brokers ers and other persons individu	ract year	nter the tota	al fees and to mount paid in	tal commission n the items on	S		
 d) Contract or identification number e) Approximate number of persons Policy or contract year (f) Free 2 Insurance fees and commission below and list agents, broke the following page(s) in Part 	covered at end of policy or contr om MMM / DD / sions paid to agents, brokers ers and other persons individu	ract year	nter the tota	mount paid ii	tal commission the items on	5		



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

(b)	Amount of commissions paid	(c)	Fees paid / Amount		(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

(b)	Amount of commissions paid	(*	(c)	Fees	paid /	Amo	ount				(e)	Orga code	nization
(d)	Fees paid / Purpose												

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

.,	Name											
(b)	Amount of commissions paid	(c)	Fe	es paid	/ Amc	unt				(e)	Organizati code	ion
(d)	Fees paid / Purpose											



		Sched	ule A	(Form {	5500) 2	001										Pag	je 3						
Pa	art II	Where	e indiv	nt and /idual d urpose	contrac	ts are	provid	act In t ded, th	forma ne enti	ation re gro	i oup c	of suct	n indi	vidua	l cor	ntrac	ts w	ith e	ach	carr	Officia may		ted as
3	Current	t value o	of plar	's intere	est und	er this c	contrac	t in the	e gener	ral acc	count	at yea	r end										
4	Current	t value o	of plar	's intere	est und	er this c	contrac	t in sep	parate	accou	unts at	t year o	end										
5 a	Contrac State th																						
Þ																							
	Premiu Premiu																						
d	If the ca specific of the c	c costs i	n coni	nection	with the	acquis	ition o	r retent															
►	Specify	v nature	of cos	sts																			
e	Type of			(1)		ndividu	al poli	cies				(2)		grou	ıp def	errec	d ann	uity					
►	(3)	0	ther (s	pecify t	elow)																		
f	If contra	ract pure	chased	l, in wh	ole or ii	n part, t	o distr	ibute b	enefits	from	a terr	ninatin	g plar	n chec	k her	'е	. ►						

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				Official Use	Only
	racts With Unallocated Funds (Do not include portions of these contracts maintained in of contract	separate accounts)			
(1)	deposit administration (2) immediate participation guarantee	(3) gua	aranteed	investment	
(4)	other (specify below)				
Bala	nce at the end of the previous year				
	tions: Contributions deposited during the year				
	Dividends and credits				
,	Interest credited during the year				
	Transferred from separate account				
	Other (specify below)				
(6)	Total additions				
	of balance and additions (add b and c (6))				
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)				
5)	Total deductions				
Bala	nce at the end of the current year (subtract e(5) from d)				
	0 5 0 1 0 0 0 4 0	•			

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Part		If more to organiza Where in	e Benefit C than one cor ation(s), the ndividual cor purposes of	ntract cover informatic intracts are	ers the on may e provi	e same / be c	e group ombin	ed for	reporting	g purp	oses	if su	ich co	ontract	s are	exper	ience	-rated	as a	unit.
7 B	lenefi	t and conti	ract type (che	ck all appli	cable t	ooxes)														
(a)			h (other than I or vision)		(b)		Denta	I		(c))		Vision		(d)		Li	fe Insur	ance	
(e)			orary disability lent and sickno		(f)		Long-	erm di	sability	(g))			ementa oloymei			Pi	rescripti	on dru	ug
(i)		Stop I	loss (large de	ductible)	(i)		HMO	contrac	rt	(k))		PPO o	contract	(I)		In	demnity	conti	ract
(m)		Other	(specify below	w)																
•																				
8 E	xperi	ence-rated	l contracts																	
	Premii 1) A		eived																	
(2	·	ncrease (de n amount d	ecrease) lue but unpaid	I																
(•	·	•	ecrease) in remium reserv	/e																
(.	4) E	arned ((1)	+ (2) - (3))																	
,			(2) (0)/																	
		t charges: Claims paid	l																	
(2	2) lı	ncrease (de	ecrease) in cla	aim reserve	es															
(•	<i>3)</i> Ir	ncurred cla	ims (add <i>(1)</i> a	and <i>(2)</i>)																

(4) Claims charged



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С	Ren (1)	ainder of premium: 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					
	(2)	 (H) Total retention Dividends or retroactive rate refunds. 					
	(-/	(These amounts were 1) paid in cash, or 2)	credited.)				
d		us of policyholder reserves at end of year: Amount held to provide benefits after retirement					
	(2)	Claim reserves					
	(3)	Other reserves					
е		lends or retroactive rate refunds due. not include amount entered in c <i>(2)</i> .)					
9	Non	experience-rated contracts:					
а	Tota	premiums or subscription charges paid to carrier					
b	in co othe	e carrier, service, or other organization incurred any specific onnection with the acquisition or retention of the contract or r than reported in Part I, item 2 above, report amount cify nature of costs below	policy,				
	·						

