SCHEDULE A (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Pension and Welfare Benefits Administration

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 FRISA section 103(a)(2).

Official Use Only

OMB No. 1210-0110

This Form is Open to Public Inspection

Pension Benefit Gua	aranty Corporation	pursuant to Entrott section	100(4)(2).	i ubile ilispection.
For calendar plai or fiscal plan yea			and ending	
A Name of plan			В	Three-digit plan number ▶
C Plan sponsor's	s name as shown on lir	ne 2a of Form 5500	D	Employer Identification Number
Provid		ng Insurance Contract Coverage, Inch contract on a separate Schedule A. le Schedule A.		
1 Coverage:				
(a) Name of insur	irance carrier			
b) EINd) Contract or id	dentification number	(c) NAIC coo	le	
e) Approximate r	number of persons cove	ered at end of policy or contract year		
Policy or contract y	year (f) From		(g) To	
2 Insurance fe	ees and commissions	paid to agents, brokers, and other pers	ons:	
Totals	Total amount of com	missions paid	Total fees paid	I / amount
For Paperwork Rec	duction Act Notice and	OMB Control Numbers, see the instructions	for Form 5500. Cat.	No. 13505l Schedule A (Form 5500) 2000

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	(c)				
	(c)				
	(c)				
	(c)				
		Fees paid / Amount		(е	
					code
nts, brokers or other person	ns to v	vhom commissions or fees	s were paid		
	(c)	Fees paid / Amount		(e)	Organization code
nts, brokers or other person	ns to v	whom commissions or fees	s were paid		
	(c)	Fees paid / Amount		(e)	Organization
					code
			(c) Fees paid / Amount	(c) Fees paid / Amount	(c) Fees paid / Amount (e)



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Pa		Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual to this report.	dual contracts with each o	carrier 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		
5 a		s With Allocated Funds e basis of premium rates		
•				
b	Premiur	s paid to carrier		
С	Premiur	s due but unpaid at the end of the year		
d	specific	rrier, service, or other organization incurred any costs in connection with the acquisition or retention ntract or policy, enter amount		
	Specify	nature of costs		
•				
е	Type of	contract (1) individual policies (2) other (specify below)	group deferred annuity	
	(3)	oniei (specify below)		
•				

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

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	deposit administration	(2) immediate participation guarantee	(3)	guaranteed investment
(4)	other (specify below)			
ala	ance at the end of the previous yea	r		
.dc 1)	itions: Contributions deposited during the	year		
2)	Dividends and credits			
(3)	Interest credited during the year			
(4)	Transferred from separate account			
(5)	Other (specify below)			
(6)	Total additions			
		and c (6))		
	uctions:	and c (6))		
Dec		and c (6))ts or		
Dec	uctions: Disbursed from fund to pay benefi	ts or		
Dec (1) (2)	uctions: Disbursed from fund to pay benefi purchase annuities during year	rrier		
Dec (1) (2)	Disbursed from fund to pay benefit purchase annuities during year Administration charge made by cathransferred to separate account	rrier		
Dec (1) (2) (3)	Disbursed from fund to pay benefit purchase annuities during year Administration charge made by ca	rrier		
Dec (1)	Disbursed from fund to pay benefit purchase annuities during year Administration charge made by cathransferred to separate account	rrier		
Dec 1) (2)	Disbursed from fund to pay benefit purchase annuities during year Administration charge made by cathransferred to separate account	rrier		
Dec (1) (2)	Disbursed from fund to pay benefit purchase annuities during year Administration charge made by catalogue account Other (specify below)	rrier		
Dec (1) (2) (3) (4)	Disbursed from fund to pay benefit purchase annuities during year Administration charge made by catalogue account Other (specify below)	rrier		

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Oart III	Walfara	Renefit	Contract	Information
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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.

(a)	Health (other than dental or vision)	(b)		Dental		(c)			Vision		(d)		Life	nsura	nce				
(e)	Temporary disability (accident and sickness)	(f)	Long-term disability		(g)		Supplemental unemployment		(h)	Prescription drug				ug					
(i)	Stop loss (large deductible)	(j)		НМО	contra	act		(k)		PPO			(I)		Inde	nnity	contr	ract
(m)	Other (specify below)																		
>																			
3 E	xperience-rated contracts																		
a P	remiums: // Amount received																		
(2	2) Increase (decrease) in amount due but unpaid																		
(3	Increase (decrease) in unearned premium reserve																		
(4	!) Earned ((1) + (2) - (3))																		
	enefit charges: /) Claims paid																		
(2	2) Increase (decrease) in claim reser	ves																	
(3	3) Incurred claims (add (1) and (2)).																		
(4	Claims charged																		



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С	Ren (1)	nainder 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	
		(H) Total retention	
	(2)	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		dends or retroactive rate refunds due. not include amount entered in c(2).)	
	Nor	experience-rated contracts:	
а	Tota	Il premiums or subscription charges paid to carrier	
b	in c	e 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	