SCHEDULE A (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Pension and Welfare Benefits 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

1999

This Form is Open to Public Inspection.

	r the calendar year 1999 fiscal plan year beginning MM / DD / YYYYY , an	nd end	ing					
Α	Name of plan		В	Three-dig		>		
С	Plan sponsor's name as shown on line 2a of Form 5500		D	Employe	r Iden	tificatio	n Numb	er
Pa	Information Concerning Insurance Contract Coverage, Fees, Provide information for each contract on a separate Schedule A. Individed and be reported on a single Schedule A.					unit in	Parts	II and III
1	Coverage:							
(a)	Name of insurance carrier							
(b)	EIN (c) NAIC code							
(d)	Contract or identification number							
	Approximate number of persons covered at end of policy or contract year.	(g) To						
2	Insurance fees and commissions paid to agents, brokers, and other persons:							
Tot	Amount of commissions paid	Fees pa	aid / An	nount				
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For	Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for For	rm 5500). Cat.	No. 13505	Sch	edule A	(Form	5500) 1999



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

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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.

,	Ben	efit and contract type (check all applic	able	boxes)													
(a)	Health (other than dental or vision)	(b)		Denta	I		(c)	Visio	on		(d)		Life I	nsurai	nce	
(e)	Temporary disability (accident and sickness)	(f)		Long-t	erm di	sability	(g)		plem mploy	ental yment	(h)		Preso	riptio	n drug	I
((i)	Stop loss (large deductible)	(j)		НМО	contrac	et	(k)		con		(I)		Inder	nnity (contra	ct
(n	n)	Other (specify below)															
>																	
;	Ехр	erience-rated contracts															
а		niums: Amount received									<u> </u>						
	(2)	Increase (decrease) in amount due but unpaid									<u> </u>						
	(3)	Increase (decrease) in unearned premium reserve															
	(4)	Earned ((1) + (2) - (3))						 									00
b	Ben (1)	efit charges: Claims paid									<u> </u>						
	(2)	Increase (decrease) in claim reserve	s								<u> </u>						
	(3)	Incurred claims (add (1) and (2))						 									00
	(4)	Claims charged						 									

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	(3)	Oth	er re	eser	ves																								00
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