## **Attention:**

- Telephone requests for the 2006 Form 5500-series forms, schedules, and instructions will not be filled until December 1, 2006.
- Requests for the 2006 Form 5500-series products can be made on the Internet (see below) beginning December 1, 2006. Requests made prior to that date will be filled with the 2005 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 <a href="http://www.irs.gov/formspubs/index.html">http://www.irs.gov/formspubs/index.html</a> to request a *limited* number of these forms and schedules. If you use this link, select "Order:" and "Forms and publications by U.S. mail."

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.

## **SCHEDULE A** (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

sion Benefit Guaranty Corpor

## **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).

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OMB No. 1210-0110

This Form is Open to **Public Inspection.** 

r ension benefit duaranty corporation			
For calendar plan year 2006 or fiscal plan year beginning	MM/DD/YYYY	and ending	MM (DD / YYYY
A Name of plan		В	Three-digit plan number ▶
C Plan sponsor's name as shown on	line 2a of Form 5500	D	Employer Identification Number
	ing Insurance Contract Coverage, each contract on a separate Schedule A. ngle Schedule A.		
1 Coverage:			
(a) Name of insurance carrier	4	2	
	<u> </u>		
(b) EIN	(c) NAIC oc	ode	
(d) Contract or identification number			
(e) Approximate number of persons co	overed at end of policy or contract year		
Policy or contract year (f) From	DM / DD / YYYY	<b>(g)</b> To	MM/DD/YYYY
Insurance fees and commission below and list agents, brokers the following page(s) in Part I.	ons paid to agents, brokers and other per and other persons individually in descer	rsons. Enter the totanding order of the a	al fees and total commissions mount paid in the items on
Totals Total amount of co	mmissions paid	Total fees paid	d / amount
	.00		_00
For Paperwork Reduction Act Notice an	d OMB Control Numbers, see the instructions	s for Form 5500. Cat.	No. 13505I Schedule A (Form 5500) 2006
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(a)	Name and address of the agents, brokers or other persons to whom commissions or fees were paid						
							9
					Zip Cod	_	
(b)	Amount of commissions paid	(c)	Fees paid / Amount			(e)	Organization code
(d)	Fees paid / Purpose				4,		
(a)	Name and address of the agents, brokers or oth	er persons to	whom commissions or fee	es were paid			
()	Name			2			
						]-	
(b)	Amount of commissions paid	(c)	Fees paid / Amount			(e)	Organization code
(d)	Fees paid / Purpose		4,				
			9				
(a)	Name and address of the agents, brokers or oth	er persons to	whom commissions or fee	es were paid			
	Name						
	Stree: Addless						
	Ciy						
(b)	Amount of commissions paid	(c)	Fees paid / Amount			(e)	Organization code
(d)	Fees paid / Purpose						
	<b>*</b>						



_	2
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			Official Use Only
Pa	art II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carria unit for purposes of this report.	er may be treated as
3	Curren	nt value of plan's interest under this contract in the general account at year end	.00
4	Curren	nt value of plan's interest under this contract in separate accounts at year end	00
5	Contra	acts With Allocated Funds	
а	State t	the basis of premium rates	
•	. [		
b	Premiu	ums paid to carrier	
С	Premiu	ums due but unpaid at the end of the year	00
d	specifi	carrier, service, or other organization incurred any c costs in connection with the acquisition or retention contract or policy, enter amount	
		y nature of costs	
•			
е	Type o	of contract (1) individual policies (2) group deferred annuity	
	(3)	other (specify below)	
•			
f	If cont	ract purchased, in whole or in part, to distribute benefits from a terminating plan check here	



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a		tracts With Unallocated Funds (Do not include portions of these contracts maintained in see of contract	eparate acco	ounts)	Ç	
	(1)	deposit administration (2) immediate participation guarantee	(3)	guaranteed ir	vestment	
	(4)	other (specify below)		4		
<b>&gt;</b>				(5)		
b	Bala	nce at the end of the previous year				_00
С		tions:  Contributions deposited during the year		00		
	(2)	Dividends and credits		_00		
	(3)	Interest credited during the year		_00		
	(4)	Transferred from separate account		_00		
	(5)	Other (specify below)		_00		
<b>&gt;</b>						
	<i>(</i> 6)	Total additions				
	(6)	Total additions				_
		of balance and additions (add <b>b</b> and <b>c</b> (6))				
	(1)	Disbursed from fund to pay benefits or purchase annuities during year		_00		
	(2)	Administration charge made by carrier		_00		
	(3)	Transferred to separate account		_00		
	(4)	Other (specify below)		00		
<b>&gt;</b>						
	(5)	Total deductions				
f	Bala	nce at the end of the current year (subtract <b>e</b> (5) from <b>d</b> )				
ļ		0 5 0 6 A A 0 4 0	<i>z</i>   <b>   </b>			j
L						

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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	efit and contract type (check all ap	oplicable boxe	es)			0-		
(	(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)	Supplementa unemployme		Prescription d	rug
	(i)	Stop loss (large deductible)	(j)	HMO contract	(k)	PPO contrac	et (I)	Indemnity con	tract
(1	m)	Other (specify below)				Á			
•									
8	Ехр	erience-rated contracts			7 2				
а	Prer (1)	miums: Amount received					.00		
	(2)	Increase (decrease) in amount due but unpaid					.00		
	(3)	Increase (decrease) in unearned premium reserve		Coll			_00		
	(4)	Earned ((1) + (2) - (3))		<u> </u>					00
b		efit charges:	Q.						
	(1)	Claims paid	0				] <sub>00</sub>		
	(2)	Increase (decrease) in claim rese	erves				1.		
	(3)	Incurred claims (add (1) and (2))							.00
	(4)	Claims charged							

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8 c	Rem	mainder of premium:	
	(1)	Retention charges (on an accrual basis)	
		(A) Commissions	
		mainder 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	
		(H) Total retention	
	(2)	Dividends or retroactive rate refunds.	
		(These amounts were 1) paid in cash, or 2) credited.)	.00
		4.	
d		tus of policyholder reserves at end of year:	
	(1)	Amount held to provide benefits after retirement	
		0.	
	(2)	Claim reserves	.00
	(2)		
	(3)	Other reserves	
_	Divid	idends or retroactive rate refunds due.	
Ū		onot include amount entered in c(2).)	.00
9	Non	nexperience-rated contracts:	
а	Tota	al premiums or subscription charges paid to carrier	
b	If the	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 amountecify nature of costs below	
	Opo		