## 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).

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OMB No. 1210-0110

2004

This Form is Open to Public Inspection.

	plan year 200 year beginnir			/ [		/ <u>Y</u>	Υ	ΥY		and e	endin	g		M /		D /	Y	YYY
Name of pl	lan											В	Three	e-digit numbe	er <b>Þ</b>			
Plan spons	or's name as	shown on lin	e 2a of	Form 5	5500							D	Empl	oyer I	dentif	icatior	Num	ber
Pr	formation ( ovide informa in be reported	ation for eac	ch contr	act on	a sep			_							s a ui	nit in I	Parts	II and II
1 Coverage	e:																	
a) Name of in	nsurance carrie	er																
o) EIN							(c)	NAIC	code									
I) Contract o	or identification	number																
) Approxima	ate number of p	persons cove	ered at er	nd of po	olicy or	contr	act yea	ar										
olicy or contra	act year	(f) From		M /		/	ΥΥ	Υ	Y	(9	<b>j)</b> To			/ [		/ <u>Y</u>	Υ	ΥΥ
below a	ce fees and c nd list agents wing page(s)	s, brokers a																ıs
otals	Total am	ount of comr	nissions	paid						То	Total fees paid / amount							
							_00											
or Paperwork	Reduction Act	t Notice and	OMB Coi	ntrol Nu	umbers	, see	the ins	tructi	ons fo	r Form	5500.	Cat.	No. 13	5051	Sched	dule A	(Form	5500) 20



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Name and address of the agents,	brokers or other persons to whom commission	ons or fees were paid			
				_	
Amount of commissions paid	(c) Fees paid / Am	nount		(e)	Organization code
	00		_00		COGC
Fees paid / Purpose					
Name and address of the agents,	brokers or other persons to whom commission	ons or fees were paid			
Name and address of the agents,	brokers or other persons to whom commission	ons or fees were paid			
	brokers or other persons to whom commission	ons or fees were paid			
	brokers or other persons to whom commission	ons or fees were paid			
	brokers or other persons to whom commission  (c) Fees paid / Am				Organization code
Stree: Address  City  Amount of commissions paid			Zip Code		Organization code
	(c) Fees paid / Am				
Stree: Address  City  Amount of commissions paid	(c) Fees paid / Am				
Stree: Address  City  Amount of commissions paid	(c) Fees paid / Am				
Stree: Address  City  Amount of commissions paid	(c) Fees paid / Am				
Stree: Address  City  Amount of commissions paid  Fees paid / Purpose	(c) Fees paid / Am	State			
Stree: Address  City  Amount of commissions paid  Fees paid / Purpose	(c) Fees paid / Am	State			
Steel Address  City  Amount of commissions paid  Fees paid / Purpose  Name and address of the agents,	(c) Fees paid / Am	State			
Stree: Address  City  Amount of commissions paid  Fees paid / Purpose  Name and address of the agents,	(c) Fees paid / Am	State			



(d) Fees paid / Purpose

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		Ochedule A (Form 5500) 2004	r age o	Official Use Only
Pa	art II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such ind a unit for purposes of this report.	lividual contracts with each ca	arrier may be treated as
3	Curren	t value of plan's interest under this contract in the general account at year end		.00
4	Curren	t value of plan's interest under this contract in separate accounts at year end		00
5 a		cts With Allocated Funds ne basis of premium rates		
•				
b	Premiu	ms paid to carrier		00
С	Premiu	ms due but unpaid at the end of the year		.00
d	specific of the o	arrier, service, or other organization incurred any costs in connection with the acquisition or retention contract or policy, enter amount		.00
•				
e		f contract (1) individual policies (2) other (specify below)	group deferred annuity	
f	If contr	act purchased, in whole or in part, to distribute benefits from a terminating plan	n check here ▶	

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,	deposit administration	(2) immediate participation guarantee	guaranteed investment
(	other (specify below)		
•			
в Ва	alance at the end of the previous yea	r	
	dditions:		
(1	,		00
(2			00
(3			1 1 1 1 1
(4	f) Transferred from separate accoun	i	.00
(5	5) Other (specify below)		_00
•			
(6	5) Total additions		
To	otal of balance and additions (add <b>b</b> a	nd <b>c</b> (6))	
De	eductions:		
(1	<ol> <li>Disbursed from fund to pay benefit purchase annuities during year</li> </ol>		.00
(2	?) Administration charge made by ca	rrier	_00
(3	Transferred to separate account		_00
(4	(f) Other (specify below)		.00
•			
(5	5) Total deductions		
		(subtract <b>e</b> (5) from <b>d</b> )	

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Part III	Welfare	<b>Benefit</b>	Contract	Information
	TTCHUC		OUILLI GOL	minomination

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 Insura	псе
(e)	Temporary disability (accident and sickness)	(f)	Long-term disability	(g)	Supplemental unemploymen	(h)	Prescription	า drug
(i)	Stop loss (large deductible)	(j)	HMO contract	(k)	PPO contract	<b>(I)</b>	Indemnity of	contrac
(m)	Other (specify below)							
•								
В Ех	perience-rated contracts							
<b>a</b> Pr	emiums:  Machine Amount received					.00		
(2)	Increase (decrease) in amount due but unpaid					00		
(3)	Increase (decrease) in unearned premium reserve					00		
(4,	Earned ((1) + (2) - (3))							
<b>b</b> Be	enefit charges:  Claims paid					.00		
(2)	Increase (decrease) in claim rese	rves				.00		
(3)	) Incurred claims (add (1) and (2))		 					
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8 c		nainder of premium:	
	(1)	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		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	Non	experience-rated contracts:	
а	Tota	al premiums or subscription charges paid to carrier	
b	in co	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	