

Form **5500**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**  
This form is required to be filed under sections 104 and 4065 of the Employee  
Retirement Income Security Act of 1974 (ERISA) and sections 6047(e),  
6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with  
the instructions to the Form 5500.

Official Use Only  
OMB Nos. 1210-0110  
1210-0089

**2006**

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

**Part I Annual Report Identification Information**

For the calendar plan year 2006 or fiscal plan year beginning 06/01/2006, and ending 12/31/2006,

- A** This return/report is for: (1)  a multiemployer plan; (3)  a multiple-employer plan; or  
 (2)  a single-employer plan (other than a multiple-employer plan); (4)  a DFE (specify) \_\_\_\_\_
- B** This return/report is: (1)  the first return/report filed for the plan; (3)  the final return/report filed for the plan;  
 (2)  an amended return/report; (4)  a short plan year return/report (less than 12 months).
- C** If the plan is a collectively-bargained plan, check here .....
- D** If filing under an extension of time or the DFVC program, check box and attach required information. (see instructions). .....

**Part II Basic Plan Information -- enter all requested information.**

<b>1a</b> Name of plan LANS WELFARE BENEFIT PLAN FOR EMPLOYEES	<b>1b</b> Three-digit plan number (PN) ▶	501
	<b>1c</b> Effective date of plan (mo., day, yr.) 06/01/2006	
<b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) LOS ALAMOS NATIONAL SECURITY, LLC  POST OFFICE BOX 1663, MS P280  LOS ALAMOS NM 87545-0000	<b>2b</b> Employer Identification Number (EIN) 20-3104541	
	<b>2c</b> Sponsor's telephone number 505-667-1806	
	<b>2d</b> Business code (see instructions) 541990	

**Caution:** A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report if it is being filed electronically, and to the best of my knowledge and belief, it is true, correct and complete.

**SIGN  
HERE**

Signature of plan administrator

Date

Type or print name of individual signing as plan administrator

**SIGN  
HERE**

Signature of employer/plan sponsor/DFE

Date

Type or print name of individual signing as employer, plan sponsor or DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

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Form **5500** (2006)



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**3a** Plan administrator's name and address (If same as plan sponsor, enter "Same")  
 BENEFITS AND INVESTMENT COMMITTEE  
 LOS ALAMOS NATIONAL SECURITY, LLC  
  
 POST OFFICE BOX 1663, MS P280  
  
 LOS ALAMOS NM 87554-0000

**3b** Administrator's EIN  
 20-3104541

**3c** Administrator's telephone number  
 505-667-1806

**4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report below:

**b** EIN

**a** Sponsor's name

**c** PN

**5** Preparer information (optional) **a** Name (including firm name, if applicable) and address

**b** EIN

**c** Telephone number

**6** Total number of participants at the beginning of the plan year ..... **6** 8281

**7** Number of participants as of the end of the plan year (welfare plans complete only lines **7a**, **7b**, **7c**, and **7d**)

**a** Active participants ..... **7a** 8117

**b** Retired or separated participants receiving benefits ..... **7b** 79

**c** Other retired or separated participants entitled to future benefits ..... **7c** 0

**d** Subtotal. Add lines **7a**, **7b**, and **7c** ..... **7d** 8196

**e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... **7e**

**f** Total. Add lines **7d** and **7e** ..... **7f**

**g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... **7g**

**h** Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested ..... **7h**

**i** If any participant(s) separated from service with a deferred vested benefit, enter the number of separated participants required to be reported on a Schedule SSA (Form 5500) ..... **7i**

**8** Benefits provided under the plan (complete **8a** and **8b**, as applicable)

**a**  Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension feature codes from the List of Plan Characteristics Codes printed in the instructions):

**b**  Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare feature codes from the List of Plan Characteristics Codes printed in the instructions): 4A 4B 4D 4E 4F 4G 4H 4I 4Q

**9a** Plan funding arrangement (check all that apply)

- (1)  Insurance
- (2)  Code section 412(i) insurance contracts
- (3)  Trust
- (4)  General assets of the sponsor

**9b** Plan benefit arrangement (check all that apply)

- (1)  Insurance
- (2)  Code section 412(i) insurance contracts
- (3)  Trust
- (4)  General assets of the sponsor

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4Q= Accidental Death and Dismemberment

**10** Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See instructions.)

**a Pension Benefit Schedules**

- (1)  **R** (Retirement Plan Information)
- (2)  **B** (Actuarial Information)
- (3)  **E** (ESOP Annual Information)
- (4)  **SSA** (Separated Vested Participant Information)

**b Financial Schedules**

- (1)  **H** (Financial Information)
- (2)  **I** (Financial Information -- Small Plan)
- (3)  10 **A** (Insurance Information)
- (4)  **C** (Service Provider Information)
- (5)  **D** (DFE/Participating Plan Information)
- (6)  **G** (Financial Transaction Schedules)

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**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).

Official Use Only

OMB No. 1210-0110

**2006**

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

For calendar plan year 2006 or fiscal plan year beginning 06/01/2006 , and ending 12/31/2006 ,

<b>A</b> Name of plan LANS WELFARE BENEFIT PLAN FOR EMPLOYEES	<b>B</b> Three-digit plan number ► 501
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 LOS ALAMOS NATIONAL SECURITY, LLC	<b>D</b> Employer Identification Number 20-3104541

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions**

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1** Coverage:

(a) Name of insurance carrier

AIG LIFE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
25-1118523	66842	PAI 806 78 86	8196	06/01/2006	12/31/2006

**2** Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commissions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.

**Totals**

Total amount of commissions paid	Total fees paid / amount
0	0

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v9.0 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

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

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**Part II Investment and Annuity Contract Information**

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.

<b>3</b>	Current value of plan's interest under this contract in the general account at year end .....	
<b>4</b>	Current value of plan's interest under this contract in separate accounts at year end .....	
<b>5</b>	<b>Contracts With Allocated Funds</b>	
<b>a</b>	State the basis of premium rates ▶ .....	
<b>b</b>	Premiums paid to carrier .....	
<b>c</b>	Premiums due but unpaid at the end of the year .....	
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....	
	Specify nature of costs ▶ .....	
<b>e</b>	Type of contract (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶ .....	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here .....	<input type="checkbox"/>
<b>6</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	Type of contract (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other (specify below) ▶ .....	
<b>b</b>	Balance at the end of the previous year .....	
<b>c</b>	Additions: (1) 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 .....	
<b>d</b>	Total of balance and additions (add <b>b</b> and <b>c(6)</b> ) .....	
<b>e</b>	Deductions:	
	(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 .....	
<b>f</b>	Balance at the end of the current year (subtract <b>e(5)</b> from <b>d</b> ) .....	

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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 on this report.

7 Benefit and contract type (check all applicable boxes)

- 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 Supplemental unemployment
h Prescription drug
i Stop loss (large deductible)
j HMO contract
k PPO contract
l Indemnity contract
m Other (specify) ACCIDENTAL DEATH & DISMEMBERMENT

8 Experience-rated contracts

Table with 3 columns: Description, Amount, and Total. Rows include Premiums (Amount received, Increase/decrease in amount due but unpaid, Increase/decrease in unearned premium reserve, Earned), Benefit charges (Claims paid, Increase/decrease in claim reserves, Incurred claims, Claims charged), Remainder of premium (Retention charges: Commissions, Administrative service or other fees, Other specific acquisition costs, Other expenses, Taxes, Charges for risks or other contingencies, Other retention charges, Total retention; Dividends or retroactive rate refunds), and Status of policyholder reserves.

9 Nonexperience-rated contracts:

Table with 3 columns: Description, Amount, and Total. Row 1: Total premiums or subscription charges paid to carrier (Total: 244309). Row 2: Specific costs in connection with the acquisition or retention of the contract or policy.

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**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

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For calendar plan year 2006 or fiscal plan year beginning 06/01/2006 , and ending 12/31/2006 ,

<b>A</b> Name of plan LANS WELFARE BENEFIT PLAN FOR EMPLOYEES	<b>B</b> Three-digit plan number ► 501
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 LOS ALAMOS NATIONAL SECURITY, LLC	<b>D</b> Employer Identification Number 20-3104541

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions**

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1** Coverage:

(a) Name of insurance carrier

AIG LIFE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
25-1118523	66842	PAI 806 78 93	8196	06/01/2006	12/31/2006

**2** Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commissions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.

**Totals**

Total amount of commissions paid	Total fees paid / amount
0	0

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v9.0 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

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

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**Part II Investment and Annuity Contract Information**

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.

<b>3</b>	Current value of plan's interest under this contract in the general account at year end .....	
<b>4</b>	Current value of plan's interest under this contract in separate accounts at year end .....	
<b>5</b>	Contracts With Allocated Funds	
<b>a</b>	State the basis of premium rates ▶ .....	
<b>b</b>	Premiums paid to carrier .....	
<b>c</b>	Premiums due but unpaid at the end of the year .....	
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....	
	Specify nature of costs ▶ .....	
<b>e</b>	Type of contract (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶ .....	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here .....	<input type="checkbox"/>
<b>6</b>	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
<b>a</b>	Type of contract (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other (specify below) ▶ .....	
<b>b</b>	Balance at the end of the previous year .....	
<b>c</b>	Additions: (1) 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 .....	
<b>d</b>	Total of balance and additions (add <b>b</b> and <b>c(6)</b> ) .....	
<b>e</b>	Deductions:	
	(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 .....	
<b>f</b>	Balance at the end of the current year (subtract <b>e(5)</b> from <b>d</b> ) .....	

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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 on this report.

7 Benefit and contract type (check all applicable boxes)

- 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 Supplemental unemployment
h Prescription drug
i Stop loss (large deductible)
j HMO contract
k PPO contract
l Indemnity contract
m Other (specify) ACCIDENTAL DEATH & DISMEMBERMENT

8 Experience-rated contracts

Table with 3 columns: Description, Amount, and Total. Rows include Premiums (Amount received, Increase/decrease in amount due but unpaid, Increase/decrease in unearned premium reserve, Earned), Benefit charges (Claims paid, Increase/decrease in claim reserves, Incurred claims, Claims charged), Remainder of premium (Retention charges: Commissions, Administrative service or other fees, Other specific acquisition costs, Other expenses, Taxes, Charges for risks or other contingencies, Other retention charges, Total retention; Dividends or retroactive rate refunds), and Status of policyholder reserves.

9 Nonexperience-rated contracts:

Table with 2 columns: Description and Amount. Row 1: Total premiums or subscription charges paid to carrier (Amount: 10419). Row 2: Specific costs in connection with the acquisition or retention of the contract or policy.

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**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

**2006**

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For calendar plan year 2006 or fiscal plan year beginning 06/01/2006 , and ending 12/31/2006 ,

<b>A</b> Name of plan LANS WELFARE BENEFIT PLAN FOR EMPLOYEES	<b>B</b> Three-digit plan number ► 501
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 LOS ALAMOS NATIONAL SECURITY, LLC	<b>D</b> Employer Identification Number 20-3104541

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions**

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1** Coverage:

(a) Name of insurance carrier

DELTA DENTAL PLAN OF CALIFORNIA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1461312	00000	4000*	13452	06/01/2006	12/31/2006

**2** Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commissions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.

**Totals**

Total amount of commissions paid	Total fees paid / amount
0	0

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v9.0 Schedule A (Form 5500) 2006



This contract covers multiple plans

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

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

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**Part II Investment and Annuity Contract Information**

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.

<b>3</b>	Current value of plan's interest under this contract in the general account at year end .....	
<b>4</b>	Current value of plan's interest under this contract in separate accounts at year end .....	
<b>5</b>	<b>Contracts With Allocated Funds</b>	
<b>a</b>	State the basis of premium rates ▶ .....	
<b>b</b>	Premiums paid to carrier .....	
<b>c</b>	Premiums due but unpaid at the end of the year .....	
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....	
	Specify nature of costs ▶ .....	
<b>e</b>	Type of contract (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶ .....	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here .....	<input type="checkbox"/>
<b>6</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	Type of contract (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other (specify below) ▶ .....	
<b>b</b>	Balance at the end of the previous year .....	
<b>c</b>	Additions: (1) 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 .....	
<b>d</b>	Total of balance and additions (add <b>b</b> and <b>c(6)</b> ) .....	
<b>e</b>	Deductions:	
	(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 .....	
<b>f</b>	Balance at the end of the current year (subtract <b>e(5)</b> from <b>d</b> ) .....	

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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 on this report.

**7** Benefit and contract type (check all applicable boxes)

- a**  Health (other than dental or vision)
- e**  Temporary disability (accident and sickness)
- i**  Stop loss (large deductible)
- m**  Other (specify) ▶
- b**  Dental
- f**  Long-term disability
- j**  HMO contract
- c**  Vision
- g**  Supplemental unemployment
- k**  PPO contract
- d**  Life Insurance
- h**  Prescription drug
- l**  Indemnity contract

**8** Experience-rated contracts

<b>a</b>	Premiums: (1) Amount received	6714767	
	(2) Increase (decrease) in amount due but unpaid		
	(3) Increase (decrease) in unearned premium reserve		
	(4) Earned ((1) + (2) - (3))		6714767
<b>b</b>	Benefit charges: (1) Claims paid	4290436	
	(2) Increase (decrease) in claim reserves		
	(3) Incurred claims (add (1) and (2))		4290436
	(4) Claims charged		4290436
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions		
	(B) Administrative service or other fees	322340	
	(C) Other specific acquisition costs		
	(D) Other expenses		
	(E) Taxes		
	(F) Charges for risks or other contingencies		
	(G) Other retention charges		
	(H) Total retention		322340
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		
	(2) Claim reserves		800000
	(3) Other reserves		
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)		

**9** Nonexperience-rated contracts:

- a** Total premiums or subscription charges paid to carrier
  - b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount
- Specify nature of costs ▶

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**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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Public Inspection.**

For calendar plan year 2006 or fiscal plan year beginning 06/01/2006 , and ending 12/31/2006 ,

<b>A</b> Name of plan LANS WELFARE BENEFIT PLAN FOR EMPLOYEES	<b>B</b> Three-digit plan number ► 501
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 LOS ALAMOS NATIONAL SECURITY, LLC	<b>D</b> Employer Identification Number 20-3104541

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions**

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1** Coverage:

(a) Name of insurance carrier

GUIDEONE SPECIALTY MUTUAL INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-1338303	34738	SEE BELOW	6075	06/01/2006	12/31/2006

**2** Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commissions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.

**Totals**

Total amount of commissions paid	Total fees paid / amount
137829	0

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v9.0 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

ARAG LLC  
400 LOCUST STREET, STE. 480  
DES MOINES IA 50309-0000

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	
137829			3

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

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

v9.0



**Part II Investment and Annuity Contract Information**

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.

<b>3</b>	Current value of plan's interest under this contract in the general account at year end .....	
<b>4</b>	Current value of plan's interest under this contract in separate accounts at year end .....	
<b>5</b>	<b>Contracts With Allocated Funds</b>	
<b>a</b>	State the basis of premium rates ▶ .....	
<b>b</b>	Premiums paid to carrier .....	
<b>c</b>	Premiums due but unpaid at the end of the year .....	
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....	
	Specify nature of costs ▶ .....	
<b>e</b>	Type of contract (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶ .....	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here .....	<input type="checkbox"/>
<b>6</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	Type of contract (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other (specify below) ▶ .....	
<b>b</b>	Balance at the end of the previous year .....	
<b>c</b>	Additions: (1) 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 .....	
<b>d</b>	Total of balance and additions (add <b>b</b> and <b>c(6)</b> ) .....	
<b>e</b>	Deductions:	
	(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 .....	
<b>f</b>	Balance at the end of the current year (subtract <b>e(5)</b> from <b>d</b> ) .....	

v9.0



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 on this report.

7 Benefit and contract type (check all applicable boxes)

- 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 Supplemental unemployment
h Prescription drug
i Stop loss (large deductible)
j HMO contract
k PPO contract
l Indemnity contract
m Other (specify) LEGAL

8 Experience-rated contracts

Table with 3 columns: Description, Amount, and Total. Rows include Premiums (Amount received, Increase/decrease in amount due but unpaid, Increase/decrease in unearned premium reserve, Earned), Benefit charges (Claims paid, Increase/decrease in claim reserves, Incurred claims, Claims charged), Remainder of premium (Retention charges: Commissions, Administrative service or other fees, Other specific acquisition costs, Other expenses, Taxes, Charges for risks or other contingencies, Other retention charges, Total retention; Dividends or retroactive rate refunds), and Status of policyholder reserves.

9 Nonexperience-rated contracts:

Table with 2 columns: Description and Amount. Row 1: Total premiums or subscription charges paid to carrier (459429). Row 2: Specific costs in connection with the acquisition or retention of the contract or policy.

v9.0



**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).

Official Use Only

OMB No. 1210-0110

**2006**

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

For calendar plan year 2006 or fiscal plan year beginning 06/01/2006 , and ending 12/31/2006 ,

<b>A</b> Name of plan LANS WELFARE BENEFIT PLAN FOR EMPLOYEES	<b>B</b> Three-digit plan number ► 501
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 LOS ALAMOS NATIONAL SECURITY, LLC	<b>D</b> Employer Identification Number 20-3104541

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions**

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1** Coverage:

(a) Name of insurance carrier

LIBERTY LIFE ASSURANCE COMPANY OF BOSTON

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-6076039	65315	SEE BELOW	9431	06/01/2006	12/31/2006

**2** Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commissions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.

**Totals**

Total amount of commissions paid	Total fees paid / amount
0	0

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v9.0 Schedule A (Form 5500) 2006



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For Contract GD3-860-064939-016

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

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

v9.0



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Part II Investment and Annuity Contract Information

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.

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 Contracts With Allocated Funds
a State the basis of premium rates
b Premiums paid to carrier
c Premiums due but unpaid at the end of the year
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.
e Type of contract (1) individual policies (2) group deferred annuity (3) other (specify)
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here
6 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)
a Type of contract (1) deposit administration (2) immediate participation guarantee (3) guaranteed investment (4) other (specify below)
b Balance at the end of the previous year
c Additions: (1) 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
d Total of balance and additions (add b and c(6))
e Deductions: (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
f Balance at the end of the current year (subtract e(5) from d)

v9.0



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 on this report.

7 Benefit and contract type (check all applicable boxes)

- 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 Supplemental unemployment
h Prescription drug
i Stop loss (large deductible)
j HMO contract
k PPO contract
l Indemnity contract
m Other (specify)

8 Experience-rated contracts

Table with 3 columns: Description, Amount, and Total. Rows include Premiums (Amount received, Increase/decrease in amount due but unpaid, Increase/decrease in unearned premium reserve, Earned), Benefit charges (Claims paid, Increase/decrease in claim reserves, Incurred claims, Claims charged), Remainder of premium (Retention charges: Commissions, Administrative service or other fees, Other specific acquisition costs, Other expenses, Taxes, Charges for risks or other contingencies, Other retention charges, Total retention), Dividends or retroactive rate refunds, and Status of policyholder reserves.

9 Nonexperience-rated contracts:

Table with 2 columns: Description and Amount. Row 1: Total premiums or subscription charges paid to carrier (Amount: 407486). Row 2: Specific costs in connection with the acquisition or retention of the contract or policy.

v9.0



**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).

Official Use Only

OMB No. 1210-0110

**2006**

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

For calendar plan year 2006 or fiscal plan year beginning 06/01/2006 , and ending 12/31/2006 ,

<b>A</b> Name of plan LANS WELFARE BENEFIT PLAN FOR EMPLOYEES	<b>B</b> Three-digit plan number ► 501
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 LOS ALAMOS NATIONAL SECURITY, LLC	<b>D</b> Employer Identification Number 20-3104541

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions**

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1** Coverage:

(a) Name of insurance carrier

LIBERTY LIFE ASSURANCE COMPANY OF BOSTON

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-6076039	65315	SEE BELOW	7572	06/01/2006	12/31/2006

**2** Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commissions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.

**Totals**

Total amount of commissions paid	Total fees paid / amount
0	0

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v9.0 Schedule A (Form 5500) 2006



For Contract GF3-860-064939-026



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

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

v9.0



**Part II Investment and Annuity Contract Information**

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.

<b>3</b>	Current value of plan's interest under this contract in the general account at year end .....	
<b>4</b>	Current value of plan's interest under this contract in separate accounts at year end .....	
<b>5</b>	Contracts With Allocated Funds	
<b>a</b>	State the basis of premium rates ▶ .....	
<b>b</b>	Premiums paid to carrier .....	
<b>c</b>	Premiums due but unpaid at the end of the year .....	
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....	
	Specify nature of costs ▶ .....	
<b>e</b>	Type of contract (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶ .....	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here .....	<input type="checkbox"/>
<b>6</b>	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
<b>a</b>	Type of contract (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other (specify below) ▶ .....	
<b>b</b>	Balance at the end of the previous year .....	
<b>c</b>	Additions: (1) 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 .....	
<b>d</b>	Total of balance and additions (add <b>b</b> and <b>c(6)</b> ) .....	
<b>e</b>	Deductions:	
	(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 .....	
<b>f</b>	Balance at the end of the current year (subtract <b>e(5)</b> from <b>d</b> ) .....	

v9.0



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 on this report.

7 Benefit and contract type (check all applicable boxes)

- 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 Supplemental unemployment
h Prescription drug
i Stop loss (large deductible)
j HMO contract
k PPO contract
l Indemnity contract
m Other (specify)

8 Experience-rated contracts

Table with 3 columns: Description, Amount, and shaded area. Rows include premiums (amount received, increase/decrease, earned), benefit charges (claims paid, reserves, charged), remainder of premium (retention charges, dividends), and status of policyholder reserves.

9 Nonexperience-rated contracts:

Table with 2 columns: Description and Amount. Row 1: Total premiums or subscription charges paid to carrier (2364302). Row 2: Specific costs in connection with acquisition or retention.

v9.0



**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).

Official Use Only

OMB No. 1210-0110

**2006**

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

For calendar plan year 2006 or fiscal plan year beginning 06/01/2006 , and ending 12/31/2006 ,

<b>A</b> Name of plan LANS WELFARE BENEFIT PLAN FOR EMPLOYEES	<b>B</b> Three-digit plan number ► 501
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 LOS ALAMOS NATIONAL SECURITY, LLC	<b>D</b> Employer Identification Number 20-3104541

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions**

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage:**

(a) Name of insurance carrier

PRUDENTIAL INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	44704-1	9539	06/01/2006	12/31/2006

**2 Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commissions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.**

**Totals**

Total amount of commissions paid	Total fees paid / amount
0	0

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v9.0 Schedule A (Form 5500) 2006



This contract covers multiple plans

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

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

v9.0



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**Part II Investment and Annuity Contract Information**

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.

<b>3</b>	Current value of plan's interest under this contract in the general account at year end .....	
<b>4</b>	Current value of plan's interest under this contract in separate accounts at year end .....	
<b>5</b>	<b>Contracts With Allocated Funds</b>	
<b>a</b>	State the basis of premium rates ▶ .....	
<b>b</b>	Premiums paid to carrier .....	
<b>c</b>	Premiums due but unpaid at the end of the year .....	
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....	
	Specify nature of costs ▶ .....	
<b>e</b>	Type of contract (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶ .....	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here .....	<input type="checkbox"/>
<b>6</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	Type of contract (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other (specify below) ▶ .....	
<b>b</b>	Balance at the end of the previous year .....	
<b>c</b>	Additions: (1) 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 .....	
<b>d</b>	Total of balance and additions (add <b>b</b> and <b>c(6)</b> ) .....	
<b>e</b>	Deductions:	
	(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 .....	
<b>f</b>	Balance at the end of the current year (subtract <b>e(5)</b> from <b>d</b> ) .....	

v9.0



**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 on this report.

**7** Benefit and contract type (check all applicable boxes)

- 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**  Supplemental unemployment
- h**  Prescription drug
- i**  Stop loss (large deductible)
- j**  HMO contract
- k**  PPO contract
- l**  Indemnity contract
- m**  Other (specify) ▶

**8** Experience-rated contracts

<b>a</b>	Premiums: (1) Amount received	321621	
	(2) Increase (decrease) in amount due but unpaid		
	(3) Increase (decrease) in unearned premium reserve		
	(4) Earned ((1) + (2) - (3))		321621
<b>b</b>	Benefit charges: (1) Claims paid	100416	
	(2) Increase (decrease) in claim reserves	75000	
	(3) Incurred claims (add (1) and (2))		175416
	(4) Claims charged		175416
<b>c</b>	Remainder 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	133497	
	(E) Taxes	8527	
	(F) Charges for risks or other contingencies	4181	
	(G) Other retention charges		
	(H) Total retention		146205
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		
	(2) Claim reserves		
	(3) Other reserves		
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)		

**9** Nonexperience-rated contracts:

- a** Total premiums or subscription charges paid to carrier
  - b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount
- Specify nature of costs ▶

v9.0



**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).

Official Use Only

OMB No. 1210-0110

**2006**

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

For calendar plan year 2006 or fiscal plan year beginning 06/01/2006 , and ending 12/31/2006 ,

<b>A</b> Name of plan LANS WELFARE BENEFIT PLAN FOR EMPLOYEES	<b>B</b> Three-digit plan number ► 501
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 LOS ALAMOS NATIONAL SECURITY, LLC	<b>D</b> Employer Identification Number 20-3104541

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions**  
Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1** Coverage:  
**(a)** Name of insurance carrier

PRUDENTIAL INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	44704-2	19088	06/01/2006	12/31/2006

**2** Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commissions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.

Totals	
Total amount of commissions paid	Total fees paid / amount
0	0

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v9.0 Schedule A (Form 5500) 2006



This contract covers multiple plans



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

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

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**Part II Investment and Annuity Contract Information**

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.

<b>3</b>	Current value of plan's interest under this contract in the general account at year end .....	
<b>4</b>	Current value of plan's interest under this contract in separate accounts at year end .....	
<b>5</b>	<b>Contracts With Allocated Funds</b>	
<b>a</b>	State the basis of premium rates ▶ .....	
<b>b</b>	Premiums paid to carrier .....	
<b>c</b>	Premiums due but unpaid at the end of the year .....	
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....	
	Specify nature of costs ▶ .....	
<b>e</b>	Type of contract (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶ .....	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here .....	<input type="checkbox"/>
<b>6</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	Type of contract (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other (specify below) ▶ .....	
<b>b</b>	Balance at the end of the previous year .....	
<b>c</b>	Additions: (1) 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 .....	
<b>d</b>	Total of balance and additions (add <b>b</b> and <b>c(6)</b> ) .....	
<b>e</b>	Deductions:	
	(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 .....	
<b>f</b>	Balance at the end of the current year (subtract <b>e(5)</b> from <b>d</b> ) .....	

v9.0



**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 on this report.

**7** Benefit and contract type (check all applicable boxes)

- a**  Health (other than dental or vision)
- e**  Temporary disability (accident and sickness)
- i**  Stop loss (large deductible)
- m**  Other (specify) ▶
- b**  Dental
- f**  Long-term disability
- j**  HMO contract
- c**  Vision
- g**  Supplemental unemployment
- k**  PPO contract
- d**  Life Insurance
- h**  Prescription drug
- l**  Indemnity contract

**8** Experience-rated contracts

<b>a</b> Premiums: (1) Amount received	3120632	
(2) Increase (decrease) in amount due but unpaid		
(3) Increase (decrease) in unearned premium reserve		
(4) Earned ((1) + (2) - (3))		3120632
<b>b</b> Benefit charges: (1) Claims paid	522249	
(2) Increase (decrease) in claim reserves	2380016	
(3) Incurred claims (add (1) and (2))		2902265
(4) Claims charged		2902265
<b>c</b> Remainder 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	65488	
(E) Taxes	112311	
(F) Charges for risks or other contingencies	40568	
(G) Other retention charges		
(H) Total retention		218367
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		
<b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		
(2) Claim reserves		
(3) Other reserves		
<b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)		

**9** Nonexperience-rated contracts:

- a** Total premiums or subscription charges paid to carrier
  - b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount
- Specify nature of costs ▶

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**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).

Official Use Only

OMB No. 1210-0110

**2006**

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

For calendar plan year 2006 or fiscal plan year beginning 06/01/2006 , and ending 12/31/2006 ,

<b>A</b> Name of plan LANS WELFARE BENEFIT PLAN FOR EMPLOYEES		<b>B</b> Three-digit plan number ►	501
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 LOS ALAMOS NATIONAL SECURITY, LLC		<b>D</b> Employer Identification Number 20-3104541	

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions**  
Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1** Coverage:  
  
(a) Name of insurance carrier

STATE OF PENN

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5540698	19429	GLB 910 90 67	8196	06/01/2006	12/31/2006

**2** Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commissions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.

Totals	
Total amount of commissions paid	Total fees paid / amount
0	0

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v9.0 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

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

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**Part II Investment and Annuity Contract Information**

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.

<b>3</b>	Current value of plan's interest under this contract in the general account at year end .....	
<b>4</b>	Current value of plan's interest under this contract in separate accounts at year end .....	
<b>5</b>	Contracts With Allocated Funds	
<b>a</b>	State the basis of premium rates ▶ .....	
<b>b</b>	Premiums paid to carrier .....	
<b>c</b>	Premiums due but unpaid at the end of the year .....	
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....	
	Specify nature of costs ▶ .....	
<b>e</b>	Type of contract (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶ .....	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here .....	<input type="checkbox"/>
<b>6</b>	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
<b>a</b>	Type of contract (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other (specify below) ▶ .....	
<b>b</b>	Balance at the end of the previous year .....	
<b>c</b>	Additions: (1) 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 .....	
<b>d</b>	Total of balance and additions (add <b>b</b> and <b>c(6)</b> ) .....	
<b>e</b>	Deductions:	
	(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 .....	
<b>f</b>	Balance at the end of the current year (subtract <b>e(5)</b> from <b>d</b> ) .....	

v9.0



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 on this report.

7 Benefit and contract type (check all applicable boxes)

- 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 Supplemental unemployment
h Prescription drug
i Stop loss (large deductible)
j HMO contract
k PPO contract
l Indemnity contract
m Other (specify) ACCIDENTAL MEDICAL/SICKNESS

8 Experience-rated contracts

Table with 3 columns: Description, Amount, and Total. Rows include Premiums (Amount received, Increase/decrease in amount due but unpaid, Increase/decrease in unearned premium reserve, Earned), Benefit charges (Claims paid, Increase/decrease in claim reserves, Incurred claims, Claims charged), Remainder of premium (Retention charges: Commissions, Administrative service or other fees, Other specific acquisition costs, Other expenses, Taxes, Charges for risks or other contingencies, Other retention charges, Total retention; Dividends or retroactive rate refunds), and Status of policyholder reserves.

9 Nonexperience-rated contracts:

Table with 3 columns: Description, Amount, and Total. Row 1: Total premiums or subscription charges paid to carrier (Total: 4161). Row 2: Specific costs in connection with the acquisition or retention of the contract or policy.

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**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).

Official Use Only

OMB No. 1210-0110

**2006**

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

For calendar plan year 2006 or fiscal plan year beginning 06/01/2006 , and ending 12/31/2006 ,

<b>A</b> Name of plan LANS WELFARE BENEFIT PLAN FOR EMPLOYEES	<b>B</b> Three-digit plan number ► 501
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 LOS ALAMOS NATIONAL SECURITY, LLC	<b>D</b> Employer Identification Number 20-3104541

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions**

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1** Coverage:

(a) Name of insurance carrier

VISION SERVICE PLAN

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-3560825	32395	12284390	8574	06/01/2006	12/31/2006

**2** Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commissions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.

**Totals**

Total amount of commissions paid	Total fees paid / amount
0	0

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v9.0 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

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

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**Part II Investment and Annuity Contract Information**

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.

<b>3</b>	Current value of plan's interest under this contract in the general account at year end .....	
<b>4</b>	Current value of plan's interest under this contract in separate accounts at year end .....	
<b>5</b>	<b>Contracts With Allocated Funds</b>	
<b>a</b>	State the basis of premium rates ▶ .....	
<b>b</b>	Premiums paid to carrier .....	
<b>c</b>	Premiums due but unpaid at the end of the year .....	
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....	
	Specify nature of costs ▶ .....	
<b>e</b>	Type of contract (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶ .....	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here .....	<input type="checkbox"/>
<b>6</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	Type of contract (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other (specify below) ▶ .....	
<b>b</b>	Balance at the end of the previous year .....	
<b>c</b>	Additions: (1) 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 .....	
<b>d</b>	Total of balance and additions (add <b>b</b> and <b>c(6)</b> ) .....	
<b>e</b>	Deductions:	
	(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 .....	
<b>f</b>	Balance at the end of the current year (subtract <b>e(5)</b> from <b>d</b> ) .....	

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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 on this report.

7 Benefit and contract type (check all applicable boxes)

- 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 Supplemental unemployment
h Prescription drug
i Stop loss (large deductible)
j HMO contract
k PPO contract
l Indemnity contract
m Other (specify)

8 Experience-rated contracts

Table with 3 columns: Description, Amount, and Total. Rows include Premiums (Amount received, Increase/decrease in amount due but unpaid, Increase/decrease in unearned premium reserve, Earned), Benefit charges (Claims paid, Increase/decrease in claim reserves, Incurred claims, Claims charged), Remainder of premium (Retention charges: Commissions, Administrative service or other fees, Other specific acquisition costs, Other expenses, Taxes, Charges for risks or other contingencies, Other retention charges, Total retention), Dividends or retroactive rate refunds, and Status of policyholder reserves.

9 Nonexperience-rated contracts:

Table with 2 columns: Description and Amount. Row 1: Total premiums or subscription charges paid to carrier (Amount: 813068). Row 2: Specific costs in connection with the acquisition or retention of the contract or policy.

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## Application for Extension of Time To File Certain Employee Plan Returns

▶ For Paperwork Reduction Act Notice, see instructions on page 3.

**File With IRS Only**

### Part I Identification

<b>A</b> Name of filer, plan administrator, or plan sponsor (see instructions) <u>Los Alamos National Security, LLC</u> Number, street, and room or suite no. (If a P.O. box, see instructions)		<b>B</b> Filer's identifying number (see instructions). <input checked="" type="checkbox"/> Employer identification number (EIN). <div style="text-align: center;">20-3104541</div> <input type="checkbox"/> Social security number (SSN)	
Post Office Box 1663, MS P280 City or town, state, and ZIP code <div style="display: flex; justify-content: space-between;"> <span>Los Alamos</span> <span>NM 87545</span> </div>			

C	Plan name	Plan number	Plan year ending—		
			MM	DD	YYYY
1	LANS Defined Benefit Pension Plan	0 : 0 : 3	12	31	2006
2	LANS Welfare Benefit Plan for Employees	5 : 0 : 1	12	31	2006
3	LANS Welfare Benefit Plan for Retirees	5 : 0 : 2	12	31	2006

### Part II Extension of Time to File Form 5500 or Form 5500-EZ (see instructions)

1 I request an extension of time until 10 / 15 / 2007 to file Form 5500 or Form 5500-EZ.  
 The application is **automatically approved** to the date shown on line 1 (above) if: (a) the Form 5558 is filed on or before the normal due date of Form 5500 or 5500-EZ for which this extension is requested, and (b) the date on line 1 is no more than 2½ months after the normal due date.  
**You must attach a copy of this Form 5558 to each Form 5500 and 5500-EZ filed after the due date for the plans listed in C above.**

**Note.** A signature is not required if you are requesting an extension to file Form 5500 or Form 5500-EZ.

### Part III Extension of Time to File Form 5330 (see instructions)

2 I request an extension of time until \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to file Form 5330.  
 You may be approved for up to a six (6) month extension to file Form 5330, after the normal due date of Form 5330.

a Enter the Code section(s) imposing the tax . . . . . ▶ <u>          a          </u>		
b Enter the payment amount attached . . . . . ▶	<b>b</b>	
c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date . . . ▶	<b>c</b>	

3 **State in detail why you need the extension**  
 \_\_\_\_\_  
 \_\_\_\_\_

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

<b>Notice to Applicant</b>	<b>To Be Completed by the IRS if Part III is completed ▼</b> <input type="checkbox"/> This application for extension to file Form 5330 <b>IS</b> approved to the date shown on line 2. (You must attach an approved copy of this form to each Form 5330 that was granted an extension.) <input type="checkbox"/> The date entered on line 2 is more than the 6-month maximum time allowed for Form 5330. This application is approved to _____ (You must attach an approved copy of this form to each Form 5330 that was granted an extension.) <input type="checkbox"/> The application for an extension for Form 5330 <b>is not</b> approved, because it was filed after the normal due date of the return. (A 10-day grace period is not granted.) <input type="checkbox"/> This application for an extension for Form 5330 <b>is not</b> approved, because: <input type="checkbox"/> The application was not signed. <input type="checkbox"/> No reason was given on this application or the reason was not acceptable. <input type="checkbox"/> No payment was attached for the tax due on Form 5330. <input type="checkbox"/> Other ▶ _____ A 10-day grace period is granted from the date shown below or the due date of the return, whichever is later. (You must attach a copy of this form to each return you file that is granted a grace period.) <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>_____ (Date)</span> <span>_____ (Director)</span> </div>
<b>To Be Completed by the IRS if Part III is Completed</b>	By: _____

### Applicants for extension of Form 5330: Complete if you want this Form 5558 returned to an address other than the address shown above.

<b>Print or Type</b>	Name	
	Number, street, and room or suite no. (If a P.O. box, see instructions.)	
	City or town, state, and ZIP code	