

SCHEDULE A (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Pension and Welfare Benefits Administration Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

- File as an Attachment to Form 5500 or 5500-C/R. Insurance companies are required to provide this information as per ERISA section 103(a)(2).

OMB No. 1210-0016

1998

This Form Is Open to Public Inspection

For calendar year 1998 or fiscal plan year beginning , 1998, and ending , 19 .

- Part I must be completed for all plans required to file this schedule.
Part II must be completed for all insured pension plans.
Part III must be completed for all insured welfare plans.
Enter master trust or 103-12 IE name in place of "sponsor" and specify investment account or 103-12 IE in place of "plan" if filing with DOL for a master trust or 103-12 IE.

Name of plan sponsor as shown on line 1a of Form 5500 or 5500-C/R Employer identification number

Name of plan Three-digit plan number

Part I Summary of All Insurance Contracts Included in Parts II and III Group all contracts in the same manner as in Parts II and III.

Table with 4 main rows: 1. Check appropriate box (Welfare, Pension, or Combination plan); 2. Coverage details (Carrier, Contract number, Approximate number of persons covered, Policy year); 3. Insurance fees and commissions (Contract ID, Name of agents/brokers, Amount of commissions, Fees paid); 4. Total premiums due and unpaid at end of the plan year.

Part II Insured Pension Plans Provide information for each contract on a separate Part II. 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.

Table for Part II Insured Pension Plans. Includes sections for: 5. Contracts with allocated funds (premium rates, total premiums, specific costs); 6. Contracts with unallocated funds (balance at end of previous year, additions, deductions, balance at end of current year); 7. Separate accounts: Current value of plan's interest in separate accounts at year end.

Part III Insured Welfare Plans

Provide information for each contract on a separate Part III. 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.

8	(a) Contract or identification number	(b) Type of benefit	(c) List gross premium for each contract	(d) Premium rate or subscription charge
9	Experience-rated contracts: a Premiums: (i) Amount received			
	(ii) Increase (decrease) in amount due but unpaid			
	(iii) Increase (decrease) in unearned premium reserve			
	(iv) Premiums earned, add (i) and (ii), and subtract (iii)			
b	Benefit charges: (i) Claims paid			
	(ii) Increase (decrease) in claim reserves			
	(iii) Incurred claims (add (i) and (ii))			
	(iv) Claims charged			
c	Remainder of premium: (i) 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 contingencies			
	(G) Other retention charges			
	(H) Total retention			
	(ii) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)			
d	Status of policyholder reserves at end of year: (i) Amount held to provide benefits after retirement			
	(ii) Claim reserves			
	(iii) Other reserves			
e	Dividends or retroactive rate refunds due. (Do not include amount entered in c(ii).)			
10	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 3 above, report amount			
	Specify nature of costs ►			
			
			

If more space is required for any item, attach additional sheets the same size as this form.

General Instructions

This schedule must be attached to Form 5500 or 5500-C/R for every defined benefit, defined contribution, and welfare benefit plan where any benefits under the plan are provided by an insurance company, insurance service, or other similar organization.

Specific Instructions

Information entered on Schedule A (Form 5500) should pertain to the insurance contract or policy year ending with or within the plan year (for reporting purposes, a year cannot exceed 12 months). For example, if an insurance contract year begins on July 1 and ends on June 30, and the plan year begins on January 1 and ends on December 31, the Schedule A information attached to the 1998 Form 5500 should be for the insurance contract year ending on June 30, 1998.

Exception: If the insurance company maintains records on the basis of a plan year rather than a policy or contract year, the information entered on Schedule A (Form 5500) may pertain to the plan year instead of the policy or contract year.

Include only the contracts issued to the plan for which this return/report is being filed.

Plans participating in master trust(s) and 103-12 IEs.—See **Investment Arrangements Filing Directly With DOL** on page 4 of the instructions for Form 5500 or 5500-C/R.

Line 2(c).—Since the plan coverage may fluctuate during the year, the administrator should estimate the number of persons that were covered by the plan at the end of the policy or contract year.

Where contracts covering individual employees are grouped, entries should be determined as of the end of the plan year.

Lines 2(d) and (e).—Enter the beginning and ending dates of the policy year for each contract listed under column (b). Enter "N/A" in column (d) if separate contracts covering individual employees are grouped.

Line 3.—Report all sales commissions in column (c) regardless of the identity of the recipient. Do not report override commissions, salaries, bonuses, etc., paid to a general agent or manager for managing an agency, or for performing other administrative functions.

Fees to be reported in column (d) represent payments by insurance carriers to agents and brokers for items other than commissions (e.g., service fees, consulting fees, and finders fees).

Note: For purposes of this item, commissions and fees include amounts paid by an insurance company on the basis of the aggregate value (e.g., policy amounts, premiums) of contracts or policies (or classes thereof) placed or retained. The amount (or pro rata share of the total) of such commissions or fees attributable to the contract or policy placed with or retained by the plan must be reported in column (c) or (d), as appropriate.

Fees paid by insurance carriers to persons other than agents and brokers should be reported in Parts II and III on Schedule A (Form 5500) as acquisition costs, administrative charges, etc., as appropriate. For plans with 100 or more participants, fees paid by employee benefit plans to agents, brokers, and other persons are to be reported on Schedule C (Form 5500).

Line 5a.—The rate information called for here may be furnished by attaching the appropriate schedules of current rates filed with the appropriate state insurance departments or by providing a statement regarding the basis of the rates.

Line 6.—Show deposit fund amounts rather than experience credit records when both are maintained.

Line 8(d).—The rate information called for here may be furnished by attaching the appropriate schedules of current rates or a statement as to the basis of the rates.

