

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service
Department of Labor
Pension and Welfare Benefits
Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

- ▶ **File as an attachment to Form 5500.**
- ▶ Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).

Official Use Only

OMB No. 1210-0110

2002

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

For calendar plan year 2002
or fiscal plan year beginning

MM / DD / YYYY

and ending

MM / DD / YYYY

A Name of plan

B Three-digit plan number ▶

C Plan sponsor's name as shown on line 2a of Form 5500

D Employer Identification Number
 -

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

(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

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

.00

.00



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

Name											
Street Address											
City								State		Zip Code	

(b) Amount of commissions paid

Grid for amount of commissions paid (ends in .00)

(c) Fees paid / Amount

Grid for fees paid / amount (ends in .00)

(e) Organization code

Grid for organization code

(d) Fees paid / Purpose

Two rows of grids for fees paid / purpose

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

Name											
Street Address											
City								State		Zip Code	

(b) Amount of commissions paid

Grid for amount of commissions paid (ends in .00)

(c) Fees paid / Amount

Grid for fees paid / amount (ends in .00)

(e) Organization code

Grid for organization code

(d) Fees paid / Purpose

Two rows of grids for fees paid / purpose

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

Name											
Street Address											
City								State		Zip Code	

(b) Amount of commissions paid

Grid for amount of commissions paid (ends in .00)

(c) Fees paid / Amount

Grid for fees paid / amount (ends in .00)

(e) Organization code

Grid for organization code

(d) Fees paid / Purpose

Two rows of grids for fees paid / purpose



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

Grid for value entry ending in .00

4 Current value of plan's interest under this contract in separate accounts at year end

Grid for value entry ending in .00

5 Contracts With Allocated Funds

a State the basis of premium rates

▶ Grid for basis of premium rates

b Premiums paid to carrier

Grid for premium amount ending in .00

c Premiums due but unpaid at the end of the year

Grid for premium amount ending in .00

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 Specify nature of costs

Grid for cost amount ending in .00

▶ Grid for nature of costs

e Type of contract (1) individual policies (2) group deferred annuity

(3) other (specify below)

▶ Grid for other contract type

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

0 5 0 2 0 0 0 3 0 A



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 year00

c Additions:

- (1) Contributions deposited during the year00
- (2) Dividends and credits00
- (3) Interest credited during the year00
- (4) Transferred from separate account00
- (5) Other (specify below)00

▶

(6) Total additions00

d Total of balance and additions (add **b** and **c(6)**)00

e Deductions:

- (1) Disbursed from fund to pay benefits or purchase annuities during year00
- (2) Administration charge made by carrier00
- (3) Transferred to separate account00
- (4) Other (specify below)00

▶

(5) Total deductions00

f Balance at the end of the current year (subtract **e(5)** from **d**)00



Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

7 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 below)

▶

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

8 Experience-rated contracts

a Premiums:

- (1) 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))

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

.00

b Benefit charges:

- (1) Claims paid

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

.00
- (2) Increase (decrease) in claim reserves

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

.00
- (3) Incurred claims (add (1) and (2))

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

.00
- (4) Claims charged

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

.00



c Remainder of premium:

(1) Retention charges (on an accrual basis) --

(A) Commissions

Grid for (A) Commissions

(B) Administrative service or other fees

Grid for (B) Administrative service or other fees

(C) Other specific acquisition costs

Grid for (C) Other specific acquisition costs

(D) Other expenses

Grid for (D) Other expenses

(E) Taxes

Grid for (E) Taxes

(F) Charges for risks or other contingencies

Grid for (F) Charges for risks or other contingencies

(G) Other retention charges

Grid for (G) Other retention charges

(H) Total retention

Grid for (H) Total retention

(2) Dividends or retroactive rate refunds.

(These amounts were 1) paid in cash, or 2) credited.) ...

Grid for (2) Dividends or retroactive rate refunds

d Status of policyholder reserves at end of year:

(1) Amount held to provide benefits after retirement

Grid for (1) Amount held to provide benefits after retirement

(2) Claim reserves

Grid for (2) Claim reserves

(3) Other reserves

Grid for (3) Other reserves

e Dividends or retroactive rate refunds due.

(Do not include amount entered in c(2).)

Grid for e Dividends or retroactive rate refunds due

9 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier

Grid for 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 below

Grid for b If the carrier, service, or other organization incurred any specific costs

Large empty grid for reporting costs

