

**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

2004

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

For calendar plan year 2004
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 MM / DD / YYYY (g) To MM / DD / YYYY

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

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(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

.00

(c) Fees paid / Amount

.00

(e) Organization code

--

(d) 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

.00

(c) Fees paid / Amount

.00

(e) Organization code

--

(d) 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

.00

(c) Fees paid / Amount

.00

(e) Organization code

--

(d) 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 entry ending in .00

c Premiums due but unpaid at the end of the year

Grid for premium entry 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 entry 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 4 0 0 0 3 0 C



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) <input type="checkbox"/> Health (other than dental or vision) | (b) <input type="checkbox"/> Dental | (c) <input type="checkbox"/> Vision | (d) <input type="checkbox"/> Life Insurance |
| (e) <input type="checkbox"/> Temporary disability (accident and sickness) | (f) <input type="checkbox"/> Long-term disability | (g) <input type="checkbox"/> Supplemental unemployment | (h) <input type="checkbox"/> Prescription drug |
| (i) <input type="checkbox"/> Stop loss (large deductible) | (j) <input type="checkbox"/> HMO contract | (k) <input type="checkbox"/> PPO contract | (l) <input type="checkbox"/> Indemnity contract |
| (m) <input type="checkbox"/> Other (specify below) | | | |

▶

8 Experience-rated contracts

a Premiums:

(1) Amount received	<table border="1" style="width: 300px; height: 20px; border-collapse: collapse;"></table>	.00
(2) Increase (decrease) in amount due but unpaid	<table border="1" style="width: 300px; height: 20px; border-collapse: collapse;"></table>	.00
(3) Increase (decrease) in unearned premium reserve	<table border="1" style="width: 300px; height: 20px; border-collapse: collapse;"></table>	.00
(4) Earned ((1) + (2) - (3))	<table border="1" style="width: 300px; height: 20px; border-collapse: collapse;"></table>	.00

b Benefit charges:

(1) Claims paid	<table border="1" style="width: 300px; height: 20px; border-collapse: collapse;"></table>	.00
(2) Increase (decrease) in claim reserves	<table border="1" style="width: 300px; height: 20px; border-collapse: collapse;"></table>	.00
(3) Incurred claims (add (1) and (2))	<table border="1" style="width: 300px; height: 20px; border-collapse: collapse;"></table>	.00
(4) Claims charged	<table border="1" style="width: 300px; height: 20px; border-collapse: collapse;"></table>	.00



8c 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 specifying nature of costs

