SCHEDULE A				Official Use Only
(Form 5500)	Insuranc	ce Information		OMB No. 1210-0110
Department of the Treasury Internal Revenue Service	Employee Retiremen	to be filed under section 1 nt Income Security Act of 1		1999
Department of Labor Pension and Welfare Benefits Administration Pension Benefit Guaranty Corporation	Insurance companies are	achment to Form 5500. required to provide this inf RISA section 103(a)(2).	ormation	This Form is Open to Public Inspection.
For the calendar year 1999 or fiscal plan year beginning		, and end		
A Name of plan		, and end		
			B Three-digit plan numb	
C Plan sponsor's name as shown	on line 2a of Form 5500		D Employer	Identification Number
	erning Insurance Contract C or each contract on a separate S single Schedule A.	•		as a unit in Parts II and III
(a) Name of insurance carrier				
(b) EIN		(c) NAIC code		
(d) Contract or identification number	r			
(e) Approximate number of persons	s covered at end of policy or contract	t year.		
Policy or contract year (f) F	rom MM / DD / Y	(g) To	. MM / [	
2 Insurance fees and commis	sions paid to agents, brokers, an	d other persons:		
Totals Amount of com	missions paid	Fees p	oaid / Amount	
		.00		.00
For Paperwork Reduction Act Notice	and OMB Control Numbers, see the	e instructions for Form 550	<b>0.</b> Cat. No. 135051	Schedule A (Form 5500) 1999



Schedule A (Form 5500) 1999
-----------------------------

Page 2

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

• •	<b>3</b>			1	
	Name				
(b)	Amount of commissions paid	(c)	Fees paid / Amount		(e) Organization
		00		.00	code
(d)	Fees paid / Purpose				

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

	Name					
					Zip Code	
(b)	Amount of commissions paid	(c)	Fees paid	d / Amount		(e) Organization
					_00	code
(d)	Fees paid / Purpose					

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

	Name				
				State Zip Code	
(b)	Amount of commissions paid	(c)	Fees paid / Amount		(e) Organization
		.00		.00	code
(d)	Fees paid / Purpose				



	Schedule A (Form 5500) 1999											Page <b>3</b>								Official Use Only								
Pa	art II	<b>Inves</b> Where a unit	e indiv	/idual	contr	acts a	re pr	ovideo	: <b>Infor</b> d, the e	mat entire	t <b>ion</b> e gro	up	of s	uch i	ndi	vidua	ıl co	ntra	icts	wit	h e	ach	car					ed as
3	Current	value o	of plar	n's inter	rest ur	nder th	is con	tract ir	n the ge	enera	I acco	ount	t at y	ear e	nd													_00
4	Current	value o	of plar	l's inter	rest ur	nder th	is con	tract ir	n separa	ate a	ccoun	nts a	at ye	ar en	d													_00
5 a	Contrac State th																											
►																												
b	Premiu	ms paid	to ca	rrier																								_00
с	Premiu	ms due	but ur	npaid a	at the	end of	the ye	ear							•													.00
d	If the ca specific of the c Specify	costs i	n conr or pol	nection icy, ent	with t	he acq	uisitio	n or re	etention																			_00
►	Ē																											
e	Type of (3)			(1) specify	below		idual	policie	S				(2)			grou	ıp de	eferre	ed a	เททเ	iity							
Þ																												
f	If contr	act purc	hased	d, in wł	nole o	r in pai	t, to c	listribu	te bene	efits f	rom a	ter	rmina	ating	olar	chec	k he	re	I	•								



[		Schedule A (Form 5500) 1999	Page <b>4</b>	
6	Con	tracts With Unallocated Funds (Do not include portions of these contracts maintained in	separate accounts)	Official Use Only
а	Туре	e of contract		
	(1)	deposit administration (2) immediate participation guarantee	(3) guaran	teed investment
	(4)	other (specify below)		
►				
b	Bala	ance at the end of the previous year		.00
С	Addi (1)	litions: Contributions deposited during the year	00	
	(2)	Dividends and credits	00	
	(3)	Interest credited during the year	00	
	(4)	Transferred from separate account	00	
	(5)	Other (specify below)	00	
	(6)	Total additions		_00
		al of balance and additions (add <b>b</b> and <b>c</b> <i>(6)</i> )		.00
	(1)	Disbursed from fund to pay benefits or purchase annuities during year	00	
	(2)	Administration charge made by carrier	.00	
	(3)	Transferred to separate account	00	
	(4)	Other (specify below)	00	
	(5)	Total deductions		_00
f	Bala	ance at the end of the current year (subtract <b>e</b> (5) from <b>d</b> )		.00
			S	

Schedule A	(Form	5500)	1999
------------	-------	-------	------

Page 5

## Part III Welfar

b

## 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 E	Bene	efit ar	nd contract type (check all app	licable b	ooxes)																		
(a)			Health (other than dental or vision)	(b)		Der	ntal				(c)	,	Visio	n			(d)		Life	Ins	uran	се	
(e)	)		Temporary disability (accident and sickness)	(f)		Lon	g-teri	m disa	abilit	İy	(g)		Supp uner				(h)		Pres	scrij	otion	dru	g
(i)	)		Stop loss (large deductible)	(j)		HM	O cor	ntract			(k)		PPO	cor	trac	t	(I)		Inde	emn	ity c	ontra	act
<b>(</b> m)			Other (specify below)																				
►																							
<b>8</b> E	Expe	erienc	e-rated contracts																				
		niums Amo	:: unt received													.00	)						
(			ease (decrease) nount due but unpaid													.00	)						
(			ease (decrease) in arned premium reserve													.00	)						

(4)	Earned ((1) + (2) - (3))								.00
Ben <i>(1)</i>	efit charges: Claims paid				.00				
(2)	Increase (decrease) in claim reserves				.00				
(3)	Incurred claims (add (1) and (2))								.00
(4)	Claims charged								



ſ	Schedule A (Form 5500) 1999 Page <b>6</b>															
									. ugo	_		L	Of	ficial Us	e Only	
С	Rem (1)	ainder of premium: Retention charges (on an accrual basis) (A) Commissions									00					
		(B) Administrative service or other fees									00					
		(C) Other specific acquisition costs									00					
		(D) Other expenses									00					
		(E) Taxes									.00					
		(F) Charges for risks or other contingencies									00					
		(G) Other retention charges									.00					
		(H) Total retention														.00
	(2)	Dividends or retroactive rate refunds.														
		(These amounts were 1) paid in cash, o	r 2)	cre	dited	.)										.00
d		us of policyholder reserves at end of year: Amount held to provide benefits after retirement														_00
	(2)	Claim reserves														_00
	(3)	Other reserves														_00
e		lends or retroactive rate refunds due. not include amount entered in $c(2)$ .)														00
		experience-rated contracts:														
а	Iota	premiums or subscription charges paid to carrier														
b	in co	e carrier, service, or other organization incurred any nnection with the acquisition or retention of the cor r than reported in Part I, item 2 above, report amou	tract or polic	у,												00
	Spe	cify nature of costs below														

