				Official Use Only				
SCHEDULE A (Form 5500)	Insurance Inform	nation		OMB No. 1210-0110				
Department of the Treasury Internal Revenue Service								
Department of Labor Pension and Welfare Benefits	File as an attachment to Fo		-					
Administration Pension Benefit Guaranty Corporation	Insurance companies are required to pro pursuant to ERISA section 1		n	This Form is Open to Public Inspection.				
For calendar plan year 2000 or fiscal plan year beginning		and ending						
A Name of plan		В	Three-digit plan number					
Plan sponsor's name as shown on	line 2a of Form 5500	D	Employer Id	entification Number				
	ing Insurance Contract Coverage, For ach contract on a separate Schedule A. Ir Igle Schedule A.			a unit in Parts II and II				
1 Coverage:								
o) EIN	(c) NAIC code)						
d) Contract or identification number								
e) Approximate number of persons co	vered at end of policy or contract year							
Policy or contract year (f) From		(g) To						
2 Insurance fees and commission	s paid to agents, brokers, and other perso	ns:						
Totals Total amount of co	nmissions paid	Total fees paid	/ amount					
	d OMB Control Numbers, see the instructions fo							



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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	(c)	Fees paid / Amount		(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

(b)	Amount of commissions paid	(c) 00) F	ees p	aid /	Amo	ount				(e)	Orgar code	ization	
(d)	Fees paid / Purpose													

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

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



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Pa	nrt II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such inc a unit for purposes of this report.	lividual contracts	with each		-	d as
3	Curren	value of plan's interest under this contract in the general account at year enc					
4	Curren	value of plan's interest under this contract in separate accounts at year end					
5 a		ts With Allocated Funds e basis of premium rates					
►							
b	Premiu	ns paid to carrier					
с	Premiu	ns due but unpaid at the end of the year					
d	specific of the c	rrier, service, or other organization incurred any costs in connection with the acquisition or retention ontract or policy, enter amount nature of costs					
►							
e	Туре о (3)	contract (1) individual policies (2) other (specify below)	group deferred a	nnuity			
►							
f	If contr	act purchased, in whole or in part, to distribute benefits from a terminating pla	an check here				



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	cts With Unallocated Funds (Do not include portions of these contracts maintained i f contract	n separate accounts)
(1)	deposit administration (2) immediate participation guarantee	(3) gu	aranteed investment
(4)	other (specify below)		
Balanc	e at the end of the previous year		
Addition	ns: ontributions deposited during the year		
<i>(2)</i> Di	ividends and credits		
<i>(3)</i> In	terest credited during the year		
<i>(4)</i> Tra	ansferred from separate account		
<i>(5)</i> Ot	ther (specify below)		
<i>(6)</i> To	otal additions		
Total of	f balance and additions (add b and c (6))		
Deduct			
	urchase annuities during year		
<i>(2)</i> Ao	dministration charge made by carrier		
<i>(3)</i> Tra	ansferred to separate account		
<i>(4)</i> Ot	ther (specify below)		
<i>(5)</i> To	otal deductions		
Dolor	a at the and of the surrent year (subtract $a(5)$ from $a^{(1)}$		
Balanc	e at the end of the current year (subtract e(5) from d)		
) 9	

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Part I	Welfare Benefit Contra If more than one contract organization(s), the inform Where individual contracts unit for purposes of this re	covers the sa ation may be are provided	me group of employees e combined for reportin	g purposes	if such contracts	are expe	rience-rated as a	unit.
7 Be	nefit and contract type (check all a	applicable boxe	es)					
(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 unemploymen	(h) t	Prescription dru	ıg
(i)	Stop loss (large deductible	e) (j)	HMO contract	(k)	PPO contract	(I)	Indemnity contra	act
(m)	Other (specify below)							
►								
8 Exp	perience-rated contracts							
a Pre <i>(1)</i>	emiums: Amount received							
(2)	Increase (decrease) in amount due but unpaid							
(3)	Increase (decrease) in unearned premium reserve							
(4)								
b Be (1)	nefit charges: Claims paid							
(2)	Increase (decrease) in claim res	serves						
(3)	Incurred claims (add (1) and (2))						



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(4) Claims charged

[•			
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С	Rem (1)	nainder of premium: 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 other contingencies(G) Other retention charges				
		(H) Total retention				
	(2)	Dividends or retroactive rate refunds. (These amounts were 1) paid in cash, or 2) credited.)				
d	Stat	tus of policyholder reserves at end of year:				
	(1)	Amount held to provide benefits after retirement				
	(2)	Claim reserves				
	(3)	Other reserves				
e		dends or retroactive rate refunds due. not include amount entered in c(2).)				
9	Non	nexperience-rated contracts:				
а	Tota	al premiums or subscription charges paid to carrier				
b	in co othe	e carrier, service, or other organization incurred any specific costs onnection with the acquisition or retention of the contract or policy, er than reported in Part I, item 2 above, report amount				
	240					

