SCHEDULE A				L	Official Use Only	/	
(Form 5500)	Ir	nsurance Inform	mation		OMB No. 1210-0		
Department of the Treasury Internal Revenue Service		le is required to be filed un ee Retirement Income Sec		the	2001		
Department of Labor Pension and Welfare Benefits Administration	Insurance co	File as an attachment to F companies are required to propursuant to ERISA section	rovide this informat	ion	This Form is Oper Public Inspection		
Pension Benefit Guaranty Corporation For calendar plan year 2001 or fiscal plan year beginning	MM / D		and ending			Y h	
A Name of plan			and chang				
			В	Three-digit plan number			
Plan sponsor's name as sho	own on line 2a of Form 550	00	D	Employer Id	entification Numbe	r	
Provide informatio can be reported o	ncerning Insurance (on for each contract on a on a single Schedule A.				a unit in Parts II	and I	
1 Coverage:							
o) EIN		(c) NAIC cod	le				
	mber	(c) NAIC cod	le				
			le				
 d) Contract or identification nur e) Approximate number of pers 			ie (g) To				
 d) Contract or identification nur e) Approximate number of personal contract year (1) 2 Insurance fees and com 	sons covered at end of polic f) From missions paid to agents, prokers and other person	cy or contract year	(g) To	LILI LILI MM / D tal fees and to amount paid in	tal commissions n the items on		
 d) Contract or identification number of persent of pe	sons covered at end of polic f) From missions paid to agents, prokers and other person	cy or contract year	(g) To	amount paid ii	D / Y Y Y tal commissions in the items on		



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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)	Fees	paid /	Amo	ount				(e)	Orga code	nization
(d)	Fees paid / Purpose												

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

.,	Name											
(b)	Amount of commissions paid	(c)	Fe	es paid	/ Amc	unt				(e)	Organizati code	ion
(d)	Fees paid / Purpose											



		Sched	ule A	(Form {	5500) 2	001										Pag	je 3						
Pa	art II	Where	e indiv	nt and /idual d urpose	contrac	ts are	provid	act In t ded, th	forma ne enti	ation re gro	i oup c	of suct	n indi	vidua	l cor	ntrac	ts w	ith e	ach	carr	Officia may		ted as
3	Current	t value o	of plar	's intere	est und	er this c	contrac	t in the	e gener	ral acc	count	at yea	r end										
4	Current	t value o	of plar	's intere	est und	er this c	contrac	t in sep	parate	accou	unts at	t year o	end										
5 a	Contrac State th																						
Þ																							
	Premiu Premiu																						
d	If the ca specific of the c	c costs i	n coni	nection	with the	acquis	ition o	r retent															
►	Specify	v nature	of cos	sts																			
e	Type of			(1)		ndividu	al poli	cies				(2)		grou	ıp def	errec	d ann	uity					
►	(3)	0	ther (s	pecify t	elow)																		
f	If contra	ract pure	chased	l, in wh	ole or ii	n part, t	o distr	ibute b	enefits	from	a terr	ninatin	g plar	n chec	k her	'е	. ►						

I



				Official Use	Only
	racts With Unallocated Funds (Do not include portions of these contracts maintained in of contract	separate accounts)			
(1)	deposit administration (2) immediate participation guarantee	(3) gua	aranteed	investment	
(4)	other (specify below)				
Bala	nce at the end of the previous year				
	tions: Contributions deposited during the year				
	Dividends and credits				
,	Interest credited during the year				
	Transferred from separate account				
	Other (specify below)				
(6)	Total additions				
	of balance and additions (add b and c (6))				
1)	Disbursed from fund to pay benefits or purchase annuities during year				
2)	Administration charge made by carrier				
3)	Transferred to separate account				
(4)	Other (specify below)				
5)	Total deductions				
Bala	nce at the end of the current year (subtract e(5) from d)				
	0 5 0 1 0 0 0 4 0	•			

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Part		If more to organiza Where in	e Benefit C than one cor ation(s), the ndividual cor purposes of	ntract cover informatic intracts are	ers the on may e provi	e same / be c	e group ombin	ed for	reporting	g purp	oses	if su	ich co	ontract	s are	exper	ience	-rated	as a	unit.
7 B	lenefi	t and conti	ract type (che	ck all appli	cable t	ooxes)														
(a)			h (other than I or vision)		(b)		Denta	I		(c))		Vision		(d)		Li	fe Insur	ance	
(e)			orary disability lent and sickno		(f)		Long-	erm di	sability	(g))			ementa oloymei			Pi	rescripti	on dru	ug
(i)		Stop I	loss (large de	ductible)	(i)		HMO	contrac	rt	(k))		PPO o	contract	(I)		In	demnity	conti	ract
(m)		Other	(specify below	w)																
•																				
8 E	xperi	ence-rated	l contracts																	
	Premii 1) A		eived																	
(2	·	ncrease (de n amount d	ecrease) lue but unpaid	I																
(•	·	•	ecrease) in remium reserv	/e																
(.	4) E	arned ((1)	+ (2) - (3))																	
,			(2) (0)/																	
		t charges: Claims paid	l																	
(2	2) lı	ncrease (de	ecrease) in cla	aim reserve	es															
(•	<i>3)</i> Ir	ncurred cla	ims (add <i>(1)</i> a	and <i>(2)</i>)																

(4) Claims charged



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		Schedule A (Form 5500) 2001	Page 6	-	C	fficial Use Only	y
С	Ren (1)	ainder 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					
	(2)	 (H) Total retention Dividends or retroactive rate refunds. 					
	(-/	(These amounts were 1) paid in cash, or 2)	credited.)				
d		us of policyholder reserves at end of year: Amount held to provide benefits after retirement					
	(2)	Claim reserves					
	(3)	Other reserves					
е		lends or retroactive rate refunds due. not include amount entered in c <i>(2)</i> .)					
9	Non	experience-rated contracts:					
а	Tota	premiums or subscription charges paid to carrier					
b	in co othe	e carrier, service, or other organization incurred any specific onnection with the acquisition or retention of the contract or r than reported in Part I, item 2 above, report amount cify nature of costs below	policy,				
	·						

