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).

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OMB No. 1210-0110

2003

This Form is Open to Public Inspection.

	ension benefit Gua	nanty Corpor	alion											•		
	calendar plan iscal plan yea							a	nd endii	ng						
Α	Name of plan									В	Three plan r	-digit iumber	•			
С	Plan sponsor's	name as	shown on line	e 2a of Forr	n 5500					D	Emplo	oyer Ide	entifica	tion Nur	nber	
Pa	Provid	le informa	Concernin ation for eac d on a singl	h contract	on a sep								a unit	in Part	s II an	d III
1	Coverage:															
(a)	Name of insura	ance carrie	er													
(b)	EIN						(c) NAIC	code								
(d)	Contract or ide	entification	number													
(e)	Approximate n	umber of p	persons cover	red at end o	f policy or	contract	t year									
Poli	cy or contract ye	ear	(f) From						(g) To							
2	Insurance fe below and li the following	ist agents	, brokers ar													
Tot	tals	Total am	ount of comn	nissions paid	i				Total fe	es paic	l / amou	ınt				
For	Paperwork Red	uction Act	Notice and C	OMB Control	Numbers	, see the	e instructio	ns for F	orm 5500	D. Cat.	No. 135	605I S	chedule	e A (Fori	n 5500)	2003



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(a)	Name and address of the agents, brokers or other	persons t	to v	whom commissions or fee	es 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 t	to v	vhom commissions or fee	es were paid			
(b)	Amount of commissions paid	00	c)	Fees paid / Amount			(e)	Organization code
(d)	Fees paid / Purpose							
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(b)	Amount of commissions paid	00	c)	Fees paid / Amount			(e)	Organization code
(d)	Fees paid / Purpose							



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Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual unit for purposes of this report.	vidual contracts with each	carrier may be treated as
nt value of plan's interest under this contract in the general account at year end		
nt value of plan's interest under this contract in separate accounts at year end		
ums paid to carrier		
ums due but unpaid at the end of the year		
c costs in connection with the acquisition or retention contract or policy, enter amount		
of contract (1) individual policies (2) other (specify below)	group deferred annuity	
t	Where individual contracts are provided, the entire group of such individual unit for purposes of this report. Intivalue of plan's interest under this contract in the general account at year end the value of plan's interest under this contract in separate accounts at year end acts With Allocated Funds the basis of premium rates The part of the part of the year the provided and the end of the year the provided and the end of the year the provided and the costs in connection with the acquisition or retention contract or policy, enter amount the provided and the policies are provided, the entire group of such individual policies (2)	Where individual contracts are provided, the entire group of such individual contracts with each a unit for purposes of this report. In value of plan's interest under this contract in the general account at year end In the value of plan's interest under this contract in separate accounts at year end In the value of plan's interest under this contract in separate accounts at year end In the value of plan's interest under this contract in separate accounts at year end In the value of plan's interest under this contract in separate accounts at year end In the value of plan's interest under this contract in separate accounts at year end In the value of plan's interest under this contract in separate accounts at year end In the value of plan's interest under this contract in separate accounts at year end In the value of plan's interest under this contract in separate accounts at year end In the value of plan's interest under this contract in the general account at year end In the value of plan's interest under this contract in the general account at year end In the value of plan's interest under this contract in the general account at year end In the value of plan's interest under this contract in the general account at year end In the value of plan's interest under this contract in the general account at year end In the value of plan's interest under this contract in the general account at year end In the value of plan's interest under this contract in the general account at year end In the value of plan's interest under this contract in the general account at year end In the value of plan's interest under this contract in the general account at year end In the value of plan's interest under this contract in the general account at year end In the value of plan's interest under this contract in the general account at year end In the value of plan's interest under this contract in the general account at year end In the value of plan's interest under this contract in the general account at year e

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6 a		Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) Type of contract													
	(1)	deposit administration (2) immediate participation guarantee (3) guaranteed investment													
	(4)	other (specify below)													
b	Bala	ance at the end of the previous year													
С		litions:													
	(1)	Contributions deposited during the year													
	(2)	Dividends and credits													
	(3)	Interest credited during the year													
	(4)	Transferred from separate account													
	(5)	Other (specify below)													
•															
	(6)	Total additions													
d	Tota	al of balance and additions (add b and c (6))													
	Ded	ductions: Disbursed from fund to pay benefits or													
	(1)	purchase annuities during year													
	(2)	Administration charge made by carrier													
	(3)	Transferred to separate account													
	(4)	Other (specify below)													
	(5)	Total deductions													
f	Bala	ance at the end of the current year (subtract e(5) from d)													
		0 5 0 3 0 0 0 4 0 C													

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Part III W	Velfare	Benefit	Contract	Information
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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	Benefit :	and contract type (check all app	licable bo	oxes)									
(a)		Health (other than dental or vision)	(b)		Dental	(c)	V	ision		(d)	Life I	nsuran	ce
(e)		Temporary disability (accident and sickness)	(f)		Long-term disability	(g)		Supplement nemployme		(h)	Preso	cription	drug
(i)		Stop loss (large deductible)	(j)		HMO contract	(k)	F	PO contrac	ct	(I)	Inden	nnity co	ontrad
(m)		Other (specify below)											
3 E	Experie	nce-rated contracts											
	Premiun												
(<i>(1)</i> Am	nount received	•••••										
(rease (decrease) amount due but unpaid											
((3) Inc	rease (decrease) in											
,		earned premium reserve											
(′4) Ea	rned ((1) + (2) - (3))											
L .		charges:											
		ims paid											
((2) Inc	rease (decrease) in claim reser	ves										
(<i>(3)</i> Inc	urred claims (add (1) and (2))											

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8 c		nainder of premium:	
	(1)	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	
	(0)	(n) Iotal retention	
	(2)	Dividends or retroactive rate refunds. (These amounts were 1) paid in cash, or 2) credited.)	
d	State		
u		us of policyholder reserves at end of year: Amount held to provide benefits after retirement	
	(2)	Claim reserves	
	(3)	Other reserves	
е	Divid	dends or retroactive rate refunds due.	
	(Do	not include amount entered in c(2).)	
9	Non	experience-rated contracts:	
а	Tota	all premiums or subscription charges paid to carrier	
b	If the	e carrier, service, or other organization incurred any specific costs	
-	in co	onnection with the acquisition or retention of the contract or policy, er than reported in Part I, item 2 above, report amount	
	Spe	cify nature of costs below	