SCHEDULE C (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Service Provider Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

Official Use Only

OMB No. 1210-0110

2003

This Form is Open to

Pension Benefit Guaranty Corporation File as an attachment to Form 5500.							Public Inspection.			
For calenda	ar plan year 2003 or fiscal pla	an year beginning			,	and en	ding			,
A Name	of plan		B Three			Three-	-digit			
								plan n	umber 🕨	
C Plan sponsor's name as shown on line 2a of Form 5500				RMHII			D	Emplo	yer Identific	ation Number
Part I	Service Provider Info	rmation (see ins	truction	ıs)						
1 Enter	the total dollar amount of co	mpensation paid by th	ne plan to	all persons, other tha	an those					
listed	below, who received compe	nsation during the pla	ın year: .					1		
2 On the	e first item below list the con	tract administrator, if a	any, as def	ined in the instructio	ns. On th	ne other i	items	, list sei	rvice provide	rs in
desce	ending order of the compens	ation they received for	r the servi	ces rendered during	the plan	year. List	t only	the top	o 40. 103 - 12	IEs should
enter	N/A in (c) and (d).	1000								
(a) Name			K	(b) Employer identification number (see instructions)					official plan osition	
						Cont	ra	ct a	adminis	trator
	(d) Relationship to emp		(e)	Gross salary		(f) Fees a	and		(g)	Nature of
	employee organization person known to be			allowances		commissi				ce code(s)
	party-in-interest		р	aid by plan	ŗ	paid by p	olan		(see i	nstructions)
				11						12
	(a) Name)		(b) Employer identification number (see instructions)					fficial plan osition	
					4					
	(d) Relationship to emp employee organization		` '	Gross salary		(f) Fees a				Nature of
	person known to be			allowances		commissi				ce code(s)
	party-in-interest		р	aid by plan	ŗ	paid by p	olan		(see I	nstructions)
For Paperv	work Reduction Act Notice	and OMB Control Nu	ımbers, se	ee the instructions f	for Form	5500.	v6	5.1	Schedule C	(Form 5500) 2003
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Schedule C (Form 5500) 2003			Page 2	Official Use Only			
(a) Name	F	(b) Employer identification number (see instructions)		(c) Official plan position			
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	10	Gross salary r allowances aid by plan	(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)			
(a) Name	PI	(b) Employer identification number (see instructions)		ificial plan ssition			
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan		(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)			
	7	41 4					
(a) Name		(b) Employer identification number (see instructions)		(c) Official plan position			
(d) Relationship to employer, employee organization, or person known to be a party-in-interest	(e) Gross salary or allowances paid by plan		(f) Fees and commissions paid by plan	(g) Nature of service code(s) (see instructions)			

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Part II Termination Information on Accountants	and Enrolled Actuaries (see instructions)
(a) Name	(b) EIN
(c) Position_	
(d) Address	
(e) Telephone No.	<u>IMBTION</u>
Explanation:	
(a) Name	(b) EIN
(c) Position	LU2E2
(d) Address	
(e) Telephone No.	
Explanation:	
(a) Name	(b) EIN
(c) Position_	
(d) Address	NOT
(e) Telephone No.	
Explanation:	
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