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For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. Cat. No. 135051 Schedule A (Form 5500) 2004



Schedule A (Form 5500) 2004	Page 2	
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(a)	Name and address of the agents	brokers or other persons to v	vhom commissions or f	fees were paid
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(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)) F	⁼ ees p	aid /	Amo	ount					(e)	Orgar code	nization
<i>(</i>)														
(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)	Fe	es p	aid /	Amo	unt					(e)	Or co	ganiz de	ation
(d)	Fees paid / Purpose																		



		Schedule A (Form 5500) 2004	Page 3	
				Official Use Only
Ра	art II	nvestment and Annuity Contract Information Where individual contracts are provided, the entire group of such individ a unit for purposes of this report.	dual contracts with each	carrier may be treated as
3	Current	value of plan's interest under this contract in the general account at year end		
4	Current	value of plan's interest under this contract in separate accounts at year end		
5 a		s With Allocated Funds basis of premium rates		
b	Premiu	is paid to carrier		
С	Premiu	is due but unpaid at the end of the year		
d	specific	rier, service, or other organization incurred any costs in connection with the acquisition or retention ntract or policy, enter amount		
	Specify	nature of costs		
e	Туре о (3)	contract (1) individual policies (2) g other (specify below)	roup deferred annuity	
f	lf contr	ct purchased, in whole or in part, to distribute benefits from a terminating plan cl	heck here 🕨	



	of contract					
(1)	deposit administration (2) immediate participation guarantee	(3)	guaran	teed inve	estment	
(4)	other (specify below)					
Balan	ce at the end of the previous year					
Additio (1) C	cons: Contributions deposited during the year					
<i>'2)</i> [Dividends and credits					
<i>'3)</i> li	nterest credited during the year					
<i>'4)</i> T	ransferred from separate account					
	Dther (specify below)					
<i>6)</i> T	otal additions					
- /						
	of balance and additions (add b and c (6))					
1) C	Disbursed from fund to pay benefits or burchase annuities during year					
	Administration charge made by carrier					
	Transferred to separate account					
	Dther (specify below)					
<i>'5)</i> T	otal deductions					
Polon	ce at the end of the current year (subtract e (5) from d)					

Page 5

Part III	Welfare Benefit Contract If more than one contract covorganization(s), the informati Where individual contracts and unit for purposes of this report	vers the sar ion may be re provided	ne group combine	d for reporting	purposes	if such contracts	are expe	rience-rated a	is a unit.
7 Ben	efit and contract type (check all app	licable boxe	s)						
(a)	Health (other than dental or vision)	(b)	Dental		(c)	Vision	(d)	Life Insura	nce
(e)	Temporary disability (accident and sickness)	(f)	Long-te	erm disability	(g)	Supplemental unemployment		Prescriptio	n drug
(i)	Stop loss (large deductible)	(j)	HMO c	ontract	(k)	PPO contract	(I)	Indemnity	contract
(m)	Other (specify below)								
8 Expe	erience-rated contracts								
a Pren <i>(1)</i>	niums: Amount received								
(2)	Increase (decrease) in amount due but unpaid								
(3)	Increase (decrease) in unearned premium reserve								
(4)	Earned ((1) + (2) - (3))								
	əfit charges: Claims paid								
(2)	Increase (decrease) in claim reserv	ves							
(3)	Incurred claims (add (1) and (2))								



(4) Claims charged

ſ										
		Schedule A (Form 5500) 2004					Page 6	-	Official Us	e Only
8c	Ren	ainder 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								
		(H) Total retention				. [
	(2)	Dividends or retroactive rate refunds.	0)							
		(These amounts were 1) paid in cash	l, 0r ∠)	CI	edited.)					
d		s of policyholder reserves at end of year: Amount held to provide benefits after retirement								
	(2)	Claim reserves								
	(3)	Other reserves								
e		ends 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 carrie	۶r							
b	in co	carrier, service, or other organization incurred a nnection with the acquisition or retention of the c	contract or p	olicy,						
		than reported in Part I, item 2 above, report am ify nature of costs below	10unt							

