## **SCHEDULE A** (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

## **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

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OMB No. 1210-0110

This Form is Open to

F	Pension Benefit Guaranty Corporation	puisuai	IL IO ENISA SECIION I	υ <b>3</b> (α)(∠).		Public Inspection.
	calendar plan year 2006 fiscal plan year beginning	MM/DD/	YYYY	and ending	MM /	OD/YYYY
Α	Name of plan			В	Three-digit plan number	•
С	Plan sponsor's name as shown	on line 2a of Form 5500		D	Employer Ide	entification Number
Ρ		erning Insurance Contra or each contract on a separ single Schedule A.				a unit in Parts II and III
1	Coverage:			0		
(a)	Name of insurance carrier		•	0		
(b)	EIN		(c) NAIC code			
(d)	Contract or identification number	er S				
(e)	Approximate number of persons	s covered at end of policy or co	ontract year			
Pol	icy or contract year (f) F	rom / DD	/ YYYY	<b>(g)</b> To	MM / D	D/YYYY
2		ssions paid to agents, broke ers and other persons indiv rt I.				
To	tals Total amount o	commissions paid		Total fees paid	d / amount	
			.00			_00
For	Paperwork Reduction Act Notice			or Form 5500. Cat.	No. 13505I <b>S</b>	chedule A (Form 5500) 2006
	_					v9.1

Schedule A	(Form	5500)	2006

Page 2

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(a)	Name and address of the agents, brokers or other	er persons to whom commissions or fe	es were paid	
				25,
				Code
(b)	Amount of commissions paid	(c) Fees paid / Amount		(e) Organization code
		_00		code
(d)	Fees paid / Purpose			
			(0)	
(a)	Name and address of the agents, brokers or other	er persons to whom commissions or fe	es were paid	
			$\bigcirc$	
				Cod = -
(b)	Amount of commissions paid	(c) Fees paid / Amount		(e) Organization
		00		code
(d)	Fees paid / Purpose	150		
		CY		
(a)	Name and address of the agents, brokers or other	er persons to whom commissions or fe	es were paid	
	Name			
	Street Addless			
	City			Cod: -
(b)	Amount of commissions paid	(c) Fees paid / Amount		(e) Organization code
		.00		.00
(d)				
	52			
	40			



Page	<b>3</b>

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Pa	art II	Investment and Annuity Contract Information Where individual contracts are provided, the enta unit for purposes of this report.		ch carrier may be treated as
3	Curren	nt value of plan's interest under this contract in the gene	ral account at year end	.00
4	Curren	nt value of plan's interest under this contract in separate	accounts at year end	, O
5	Contra	acts With Allocated Funds		
а	State t	the basis of premium rates	, ~	
•			.57	
h	Dromi	ums paid to carrier		
D	rieiiii	ums paid to carrier		.00
С	Premiu	ums due but unpaid at the end of the year		00
d	specifi	carrier, service, or other organization incurred any ic costs in connection with the acquisition or retention contract or policy, enter amount		
		y nature of costs	4/	
			<b>9</b>	
•		.05		
е	Туре	of contract (1) individual policies	(2) group deferred annuity	
	(3)	other (specify below)		
•				
f	If cont	tract purchased, in whole or in part, to distribute benefits	from a terminating plan check here	
		O.		

Schedule	Δ	(Form	5500)	2006
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Page 4

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6 a		tracts With Unallocated Funds (Do not include pot contract	portions of these contracts maintained	d in separate accounts)	O
	(1)	deposit administration (2)	immediate participation guarantee	(3) guaranteed investment	ent
	(4)	other (specify below)			
<b>•</b>					
b	Bala	nce at the end of the previous year			_00
С	Addi	tions: Contributions deposited during the year		.00	
	(2)	Dividends and credits		.00	
	(3)	Interest credited during the year		.00	
	(4)	Transferred from separate account		.00	
	(5)	Other (specify below)		_00	
<b>&gt;</b>					
	(6)	Total additions	(S)		_00
		I of balance and additions (add $\mathbf{b}$ and $\mathbf{c}(6)$ )			
	(1)	Disbursed from fund to pay benefits or purchase annuities during year	<b>5</b>	.00	
	(2)	Administration charge made by carrier		.00	
	(3)	Transferred to separate account		.00	
	(4)	Other (specify below)		.00	
<b>&gt;</b>					
	(5)	Total deductions			.00
f	Bala	nce at the end of the current year (subtract e(5	5) from <b>d</b> )		_00
		0 5	0 6 0 0 0 4	0 F	

ule A (Form 5500) 2006	Page <b>5</b>
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Part III Welfare Benefit Contract Inform	art III	Welfare	<b>Benefit</b>	Contract	Information	on
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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.

,	Bene	efit and contract type (check all appl	icable bo	xes)					
(a	1)	Health (other than dental or vision)	(b)	Dental	(c)	Vision	(d)	Life Insurance	
(€	<del>!</del> )	Temporary disability (accident and sickness)	(f)	Long-term disability	(g)	Supplemental unemployment	(h)	Prescription drug	
(	i)	Stop loss (large deductible)	(j)	HMO contract	(k)	PPO contract	(I)	Indemnity contract	:
(m	1)	Other (specify below)				<u> </u>			
<b>&gt;</b>									
3	Expe	erience-rated contracts			00				
а		niums:							
	(1)	Amount received			2	-			
		Increase (decrease) in amount due but unpaid							
	(3)	Increase (decrease) in unearned premium reserve							
	(4)	Earned ((1) + (2) - (3))		3					
b	Bene	efit charges:							
	(1)	Claims paid							
	(2)	Increase (decrease) in claim reserv	es						
	(3)	Incurred claims (add (1) and (2))							
	(4)	Claims charged							

Schedule A	(Form	5500)	2006

Page 6

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3c	Rem (1)	nainder of premium:  Retention charges (on an accrual basis)  (A) Commissions	
		(G) Other retention charges	
	(2)	(H) Total retention	
		(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		dends or retroactive rate refunds due.  not include amount entered in c(2).)	
9	Non	experience-rated contracts:	
а	Tota	Il premiums or subscription charges paid to carrier	
b	in co	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	

