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B SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	 Insurance Inform This schedule is required to be filed under Employee Retirement Income Securio File as an attachment to Form Insurance companies are required to propursuant to ERISA section 10 	er section 104 of ity Act of 1974. r m 5500. vide this inform		Official Use Only OMB No. 1210-0110 2008 This Form is Open to Public Inspection.
For calendar plan year 2008 or fiscal plan year beginning		and ending		/ D/YYYY
A Name of plan		В	Three-dig plan_num	
C Plan sponsor's name as shown of	on line 2a of Form 5500	D	Employe	er Identification Number
	rning Insurance Contract Coverage, Fe r each contract on a separate Schedule A. In single Schedule A.			
1 Coverage:		\mathbf{Q}		
(b) EIN	(c) NAIC code			
(d) Contract or identification number				
(e) Approximate number of persons	covered at end of policy or contract year			
Policy or contract year (f) Fro		(g) To		
2 Insurance fees and commiss below and list agents, broke the following page(s) in Part	sions paid to agents, brokers and other perso ars and other persons individually in descendi 1.	ns. Enter the ng order of th	total fees an le amount pa	id total commissions aid in the items on
Totals Total amount of	commissions paid	Total fees	paid / amount	
For Paperwork Reduction Act Notice	and OMB Control Numbers, see the instructions fo		Cat. No. 13505	Schedule A (Form 5500) 2008



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a) Name and address of the agents, brokers or	other persons to whom commissions or fees were paid	<u>(</u>
		Zip Cod
 Amount of commissions paid 	(c) Fees paid / Amount	(e) Organization code
I) Fees paid / Purpose		
) Name and address of the agents, brokers or	other persons to whom commissions or fees were paid	
	State	
) Amount of commissions paid	(c) Fees paid / Amount	(e) Organization code
) Fees paid / Purpose		
	S	
) Name and address of the agents, brokers or	other persons to whom commissions or fees were paid	
Name	,	
Steel Aldress		
) Amount of commissions paid	(c) Fees paid / Amount	(e) Organization
		(e) Organization code
) Fees paid / Purpose		
2		
K		
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Pa	rt II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of a unit for purposes of this report.	f such individual contracts		Ch
3	Current	t value of plan's interest under this contract in the general accour	t at year end		. 00
4	Current	t value of plan's interest under this contract in separate accounts	at year end		
5 a		cts With Allocated Funds he basis of premium rates	6	5	
b	Premiu	ims paid to carrier			
с	Premiu	ims due but unpaid at the end of the year			
d	specific of the c	earrier, service, or other organization incurred any c costs in connection with the acquisition or retention contract or policy, enter amount			
e	Туре о (3)	of contract (1) individual policies	(2) group deferred	annuity	
f	lf contr	ract purchased, in whole or in part, to distribute benefits from a te	rminating plan check here	•	
	<				
			0 3 0 G		

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6 а		racts With Unallocated Funds (Do not include portions of these contracts maintained of contract	in separate acco	ounts)	Ç,	
	(1)	deposit administration (2) immediate participation guarantee	(3)	guaranteed in	vestment	
	(4)	other (specify below)				
					,	
b	Bala	nce at the end of the previous year				
с	Add	tions:	Ň			
	(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				
	(6)	Total additions				
		O ^S				
		l 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)				
	(4)					
	(5)	Total deductions				
f	Bala	nce at the end of the current year (subtract e(5) from d)				

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Part I	Welfare Benefit Contract If more than one contract con- organization(s), the informati Where individual contracts and unit for purposes of this repo	vers the sam on may be re provided,	ne group of employees combined for reporting	g purposes i	if such contracts	are experi	ence-rated	as a unit.
7 Be	enefit and contract type (check all ap	olicable boxes	5)			0		
(a)	Health (other than dental or vision)	(b)	Dental	(c)	Vision	(d)	Life Insu	rance
(e)	Temporary disability (accident and sickness)	(f)	Long-term disability	(g)	Supplemental unemploymen		Prescript	ion drug
(i)	Stop loss (large deductible)	(j)	HMO contract	(k)	PPO contract	(I)	Indemnity	y contract
(m)	Other (specify below)				5			
8 Ex	perience-rated contracts			Q				
	emiums:) Amount received							
(2)) Increase (decrease) in amount due but unpaid							
(3)) Increase (decrease) in unearned premium reserve		S					
(4)) Earned ((1) + (2) - (3))							
b Be (1)	enefit charges:) Claims paid	20						
(2)) Increase (decrease) in claim reser	ves						
(3)) Incurred claims (add (1) and (2))							
(4)								
	40PM							
L	-	05		0 5 0				

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8c	Rem	ainder of premium:					
	(1)	Retention charges (on an accrual basis)				S.	*
		(A) Commissions				5	
		(B) Administrative service or other fees			00	ALL AND A	
		(C) Other specific acquisition costs				•	
		(D) Other expenses					
		(E) Taxes			00		
		(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 cas	n, or 2) credited.)				
			Δ_{2}				
d		is of policyholder reserves at end of year: Amount held to provide benefits after retiremer	t				
	(')		2				
			O				
	(2)	Claim reserves	,9				
	(3)	Other reserves					
•	Divid	lends or retroactive rate refunds due.	0				
C		not include amount entered in $c(2)$.)					
9	Non	experience-rated contracts:					
а	Tota	premiums or subscription charges paid to carr	er				
b	If th	e carrier, service, or other organization incurred	any specific costs				
-	in co	nnection with the acquisition or retention of the	contract or policy,				
		r than reported in Part I, item 2 above, report a cify nature of costs below	nount				
	- 1						
-							