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.

	calendar plan scal plan year				Л /		/ Y	YY	Υ	and endi	ing			Л /) /	Y	/ Y \
Α	Name of plan										В		iree- an ni	digit umbe	r Þ			
C	Plan sponsor's	name as s	shown on I	ine 2a o	Form	5500					D	Er	nplo	yer lo	dentific	ation	Numb	er
Pa	Provid	e informa	Concerniation for ead on a sin	ach con	tract or	n a sep			•						s a ur	nit in F	Parts	II and II
1	Coverage:																	
(a)	Name of insura	ınce carrie	;r															
b)	EIN							(c) NA	IC code									
d)	Contract or ide	ntification	number															
e)	Approximate nu	umber of p	persons cov	vered at	end of p	olicy or	contra	ct year										
Polic	y or contract ye	ar	(f) From		M /		/[YYY	Y	(g) To	o					/ <u>Y</u>	Y	Y
2	Insurance fe below and li- the following	st agents	, brokers	ns paid and oth	to ager er pers	nts, bro ons inc	kers a dividua	and othe	r person escendin	s. Enter t g order o	the total	al fe	es a ınt p	ınd to baid i	otal co in the	mmis items	sions on	
Γot	als	Total am	ount of cor	nmission	s paid					Total for	ees pai	id / a	moui	nt				
								_00										
or	Paperwork Redi	uction Act	Notice and	OMB C	ontrol N	umbers	, see tl	ne instru	ctions for	Form 550	10. Cat	t. No.	1350	05I :	Schedi	ule A (Form (5500) 20
				(5	0	3	A A	0 1	0	Т							

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1	Name and address of the agents, brokers or	other persons to whom commissions or	fees were paid	
)	Amount of commissions paid	(c) Fees paid / Amount		(e) Organization
		_00		code
)	Fees paid / Purpose			
)	Name and address of the agents, brokers or	other persons to whom commissions or	fees were paid	
)	Amount of commissions paid	(c) Fees paid / Amount		(e) Organization
				code 00
)	Fees paid / Purpose			
	Name and address of the agents, brokers or	other persons to whom commissions or	fees were paid	
	Name and address of the agents, brokers or	other persons to whom commissions or	fees were paid	
		other persons to whom commissions or	fees were paid	
)		other persons to whom commissions or	fees were paid State Zip Cod	



(d) Fees paid / Purpose

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3	Curren	ıt va	alue	of	plar	า'ร	inter	res	t ur	nde	∍r th	nis	cor	ntra	ıct i	in ti	he	ge	ene	eral	l a	cco	un	t at	ye	ar e	end].	
4	Curren	ıt va	alue	of	plar	า'ร	inter	res	t ur	nde	∍r th	nis	cor	ntra	ıct i	in s	sep	oara	ate	e ad	cco	oun	ts a	at y	eaı	· en	d].	
5 a	Contract State to																																													
•																																														
b	Premiu	ıms	ра	id t	o ca	ırrie	er].	
С	Premiu	ıms	du	e b	ut u	npa	aid a	at t	he (en	d of	th	е у	ear	r].	
d	If the conspecific of the conspecify	c con	osts trac	in et o	con r po	nec	tion	wi	ith t	the	acc	qui	sitic	on (or r	ete	enti							•••••].	
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е	Type o	of co				·	1) cify	be	low		ndiv	⁄idı	ual	ро	licie	es								(2	2)			g	jrou	ıp d	def	erre	ed :	ann	uit	y										
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f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here

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	(1)	deposit administration	(2)	immediat	te particip	ation gu	arantee	(3)	guar	ante	ed inv	estme	ent	
	(4)	other (specify below)												
>														
b E	Bala	nce at the end of the previous year	·											0
		tions: Contributions deposited during the	vear											
•		Dividends and credits							00					
	,	Interest credited during the year												
		Transferred from separate account							00					
		Other (specify below)							.00					
•														
((6)	Total additions												0
		of balance and additions (add b a	nd c (6))											
	(1)	uctions: Disbursed from fund to pay benefit purchase annuities during year							00					
((2)	Administration charge made by ca	rrier						_00					
((3)	Transferred to separate account							.00					
,	(4)	Other (specify below)							.00					
(
•														
•	(5)	Total deductions												
•	(5)	Total deductions												0

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Part III	Welfare	Benefit	Contract	Information

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	Ben	efit and contract type (check all applicab	le boxes)						
(a)	Health (other than (b) dental or vision))	Dental	(c)	Vision	(d)	Life Insurance	
(e)	Temporary disability (accident and sickness)	f)	Long-term disability	y (g)	Supplemental unemployment	(h)	Prescription dr	rug
	(i)	Stop loss (large deductible) (i)	HMO contract	(k)	PPO contract	(1)	Indemnity cont	tract
(r	n)	Other (specify below)							
>									
В	Expe	erience-rated contracts							
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))							_00
b	Ben (1)	efit charges: Claims paid							
	(2)	Increase (decrease) in claim reserves .							
	(-/								
	(3)	Incurred claims (add (1) and (2))							.00
	(4)	Claims charged							

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0.	Dan	najaday af ayamiyan	
00	(1)	nainder of premium: 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	
	(2)	(H) Total retention	
	(-/		
لم	Ctot	tup of policyholder recerves at and of year:	
u		tus of policyholder reserves at end of year: Amount held to provide benefits after retirement	
	(2)	Claim reserves	
	(3)	Other reserves	
e	Divi	idends or retroactive rate refunds due.	
		not include amount entered in c(2).)	
9	Non	nexperience-rated contracts:	
_			
b		ne carrier, service, or other organization incurred any specific costs	
	othe	er trian reported in Part i, fiem 2 above, report amount	
	Spe	ecify nature of costs below	