

**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).

Official Use Only

OMB No. 1210-0110

**2004**

**This Form is Open to  
Public Inspection.**

For calendar plan year 2004 or fiscal plan year beginning \_\_\_\_\_, and ending \_\_\_\_\_,

<b>A</b> Name of plan	<b>B</b> Three-digit plan number ►
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500	<b>D</b> Employer Identification Number

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions**

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1** Coverage:

(a) Name of insurance carrier

(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) From	(g) To

**2** Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commissions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.

**Totals**

Total amount of commissions paid	Total fees paid / amount

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v7.2 Schedule A (Form 5500) 2004



(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

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	(c) Amount	(d) Purpose	



**Part II Investment and Annuity Contract Information**

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.

**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** Contracts With Allocated Funds

**a** State the basis of premium rates ▶ \_\_\_\_\_

**b** Premiums paid to carrier . . . . .

**c** Premiums due but unpaid at the end of the year . . . . .

**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. . . . .  
Specify nature of costs ▶ \_\_\_\_\_

**e** Type of contract (1)  individual policies (2)  group deferred annuity  
(3)  other (specify) ▶ \_\_\_\_\_

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here . . . . .

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**6** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract (1)  deposit administration (2)  immediate participation guarantee  
(3)  guaranteed investment (4)  other (specify below) \_\_\_\_\_

**b** Balance at the end of the previous year . . . . .

**c** Additions: (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) Total additions . . . . .

**d** Total of balance and additions (add **b** and **c(6)**) . . . . .

**e** Deductions:  
(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) . . . . .  
▶ \_\_\_\_\_

(5) Total deductions . . . . .

**f** Balance at the end of the current year (subtract **e(5)** from **d**) . . . . .

USE FOR FILING

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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 on this report.

7 Benefit and contract type (check all applicable boxes)

- a Health (other than dental or vision) b Dental c Vision d Life Insurance
e 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 l Indemnity contract
m Other (specify)

8 Experience-rated contracts

Table with 3 columns: Description, Amount, and Total. Rows include Premiums (Amount received, Increase/decrease in amount due but unpaid, Increase/decrease in unearned premium reserve, Earned), Benefit charges (Claims paid, Increase/decrease in claim reserves, Incurred claims, Claims charged), Remainder of premium (Retention charges: Commissions, Administrative service or other fees, Other specific acquisition costs, Other expenses, Taxes, Charges for risks or other contingencies, Other retention charges, Total retention), Dividends or retroactive rate refunds, and Status of policyholder reserves.

9 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount
Specify nature of costs

