## 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

2008

This Form is Open to Public Inspection.

For calendar plan year 2008 or fiscal plan year beginning  A Name of plan  A Name of plan	ng B	
A Name of plan	D	
	Ь	Three-digit plan number ▶
Plan sponsor's name as shown on line 2a of Form 5500	D	Employer Identification Number
Part I Information Concerning Insurance Contract Coverage, Fees, and C Provide information for each contract on a separate Schedule A. Individual corcan be reported on a single Schedule A.		
1 Coverage:		
(a) Name of insurance carrier		
(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 MM / DD / YYYYY (g) To		
2 Insurance fees and commissions paid to agents, brokers and other persons. Enter the below and list agents, brokers and other persons individually in descending order of the following page(s) in Part I.	he tota f the a	al fees and total commissions amount paid in the items on
Totals Total amount of commissions paid Total fee	es paic	I / amount
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500	). Cat.	No. 13505l Schedule A (Form 5500) 2008



Schedule	Α	(Form	5500)	2008

## Page 2

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	Name and address of the agents, brokers or oth	er persons to	whom commissions or fee	es were paid			
b)	Amount of commissions paid	(c)	) Fees paid / Amount			(e)	Organization code
							code
d)	Fees paid / Purpose						
a)	Name and address of the agents, brokers or oth	er persons to	o whom commissions or fee	es were paid			
b)	Amount of commissions paid	(c)	) Fees paid / Amount			(e)	Organization code
						,	code
d)	Fees paid / Purpose						
a)	Name and address of the agents, brokers or oth	er persons to	o whom commissions or fee	es were paid			
a)	Name and address of the agents, brokers or oth	er persons to	) whom commissions or fee	es were paid			
a)		er persons to	o whom commissions or fee	es were paid			
a)	Name	er persons to	o whom commissions or fee				
(a)	Name Street Address City	er persons to		es were paid		(e)	Organization
	Name Street Address City					(e)	Organization code
b)	Name Street Address City	(c)				(e)	Organization code
b)	Street Address  City  Amount of commissions paid	(c)				(e)	Organization code



Page 3	
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Schedule	Α	(Form	5500)	2008

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Pá	art II	Investm Where in a unit for	dividual d	contract	s are p	orovid					of su	ch ind	dividu	ıal co	ontra	ıcts	with	eac	ch ca	ırrier			•	
3	Curren	nt value of p	lan's inter	est unde	er this (	contra	ct in t	the ge	neral a	accou	nt at y	year e	end											
1	Curren	nt value of p	lan's inter	est und	er this	contra	ct in s	separa	ate acc	ounts	s at ye	ear en	d											
a		icts With All the basis of																						
•																								
b	Premiu	ums paid to	carrier																					
С	Premiu	ums due but	unpaid a	t the en	d of the	e year																		
d	specific of the	carrier, service costs in contract or y nature of	onnection policy, ent	with the	acquis	sition o	or rete	ention																
•																								
е	Туре с	of contract	(1)	i	ndividu	al poli	cies				(2)		g	roup	defe	rred	ann	uity						
	(3)	other	(specify	below)																				
•																								
f	If cont	ract nurcha	ed in wh	nole or i	nart	to diet	rihute	hene	fite fro	m a t	armin	atina	nlan (	chack	hor	۵	•							

Schedule	Δ	(Form	5500)	2008
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Page 4

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(1)	deposit administration	(2)	immediate participa	ation guarantee	(3)	guarant	eed investment	
(4)	other (specify below)							
3ala	nce at the end of the previous ye	ar						
	tions: Contributions deposited during th	e year						
2)	Dividends and credits							
3)	Interest credited during the year							
4)	Transferred from separate account	nt						
5)	Other (specify below)							
<i>(6)</i>	Total additions							
	of balance and additions (add <b>b</b> uctions:	and <b>c</b> (6))						
1)	Disbursed from fund to pay bene purchase annuities during year							
(2)	Administration charge made by c	arrier						
3)	Transferred to separate account .							
(4)	Other (specify below)							
,	,							
5)	Total deductions							
داد	nce at the end of the current year	r (subtract <b>a</b>	(5) from <b>d</b> )					
aia	ice at the end of the current year	(Subtract E	( <i>5)</i> 110111 <b>u</b> )					

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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 app	olicable be	oxes)										
(a	)	Health (other than dental or vision)	(b)		Dental			(c)	Visio	n	(d)	Life	Insura	nce
(e	)	Temporary disability (accident and sickness)	(f)		Long-terr	m disab	ility	(g)		olement nploym	(h)	Pres	criptio	n drug
<b>(</b> i	)	Stop loss (large deductible)	(j)		HMO cor	ntract		(k)		contra	(I)	Inde	mnity	contract
(m	)	Other (specify below)												
а		erience-rated contracts niums: Amount received												
	(3)	in amount due but unpaid												
b		Earned <i>((1) + (2) - (3))</i> efit charges: Claims paid												
	(2)	Increase (decrease) in claim reser	ves											
	(3)	Incurred claims (add (1) and (2))												
	(4)	Claims charged												

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Schedule A	(LOIIII	5500	) 2000

Page 6

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8c	Rem	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	
	(2)		
А	Stati	tus of policyholder reserves at end of year:	
ŭ		Amount held to provide benefits after retirement	
	(2)	Claim recenses	
	(2)	Claim reserves	
	(3)	Other reserves	
е		dends or retroactive rate refunds due.	
	(Do	not include amount entered in c(2).)	
9	Non	nexperience-rated contracts:	
а	Tota	al premiums or subscription charges paid to carrier	
b	If the	ne carrier, service, or other organization incurred any specific costs	
	in co	onnection with the acquisition or retention of the contract or policy, er than reported in Part I, item 2 above, report amount	
	Spe	ecify nature of costs below	