

**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

2006

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

For calendar plan year 2006
or fiscal plan year beginning

MM / DD / YYYY

and ending

MM / DD / YYYY

A Name of plan

B Three-digit
plan number ▶

□□□

C 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 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

MM / DD / YYYY

(g) To

MM / DD / YYYY

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

□□□□□□□□□□.00

□□□□□□□□□□.00

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. Cat. No. 135051 Schedule A (Form 5500) 2006

0 5 0 6 A A 0 1 0 W



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

Name									
Street Address									
City					State		Zip Code		

(b) Amount of commissions paid	(c) Fees paid / Amount	(e) Organization code
<input type="text"/>	<input type="text"/>	<input type="text"/>

(d) Fees paid / Purpose

<input type="text"/>
<input type="text"/>

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

Name									
Street Address									
City					State		Zip Code		

(b) Amount of commissions paid	(c) Fees paid / Amount	(e) Organization code
<input type="text"/>	<input type="text"/>	<input type="text"/>

(d) Fees paid / Purpose

<input type="text"/>
<input type="text"/>

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

Name									
Street Address									
City					State		Zip Code		

(b) Amount of commissions paid	(c) Fees paid / Amount	(e) Organization code
<input type="text"/>	<input type="text"/>	<input type="text"/>

(d) Fees paid / Purpose

<input type="text"/>
<input type="text"/>

FOR INFORMATION PURPOSES ONLY, DO NOT USE FOR FILING

0 5 0 6 A A 0 2 0 X



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 .00

4 Current value of plan's interest under this contract in separate accounts at year end .00

5 Contracts With Allocated Funds

a State the basis of premium rates

▶

b Premiums paid to carrier00

c Premiums due but unpaid at the end of the year00

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 amount00

Specify nature of costs

▶

e Type of contract (1) individual policies (2) group deferred annuity

(3) other (specify below)

▶

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

FOR INFORMATION PURPOSES ONLY, DO NOT USE FOR FILING

0 5 0 6 A A 0 3 0 Y



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 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 below)

▶

8 Experience-rated contracts

a Premiums:

- (1) Amount received

.00
- (2) Increase (decrease) in amount due but unpaid

.00
- (3) Increase (decrease) in unearned premium reserve

.00
- (4) Earned ((1) + (2) - (3))

.00

b Benefit charges:

- (1) Claims paid

.00
- (2) Increase (decrease) in claim reserves

.00
- (3) Incurred claims (add (1) and (2))

.00
- (4) Claims charged

.00

FOR INFORMATION PURPOSES ONLY, DO NOT USE FOR FILING

0 5 0 6 A A 0 5 0 -



