SCHEDULE A (Form 5500)	Insura	ance Informatio	n	Official Use Only OMB No. 1210-0110
Department of the Treasury Internal Revenue Service	Employee Retir	uired to be filed under section rement Income Security Act of	f 1974.	2006
Department of Labor Employee Benefits Security <u>Administration</u> Pension Benefit Guaranty Corporation	Insurance companie	an attachment to Form 5500. The sare required to provide this t to ERISA section 103(a)(2).		This Form is Open to Public Inspection.
For calendar plan year 2006 or fiscal plan year beginning		A A A A A A A A A A A A A A A A A A A	ndina	
A Name of plan			вт	Three-digit Jan number
C Plan sponsor's name as show	n on line 2a of Form 5500		D	mployer Identification Number
Provide information	cerning Insurance Contra for each contract on a separa a single Schedule A.			ssions rouped as a unit in Parts II and III
1 Coverage:				
 (b) EIN (d) Contract or identification num 	ber	(c) NAIC code		
(e) Approximate number of perso	ons covered at end of policy or co	ntract year		
Policy or contract year (f)	From DM / DD /	(g)	то	
2 Insurance fees and comm below and list agents, bro the following page(s) in F	nissions paid to agents, broke okers and other persons indivi- Part I.	rs and other persons. Ente idually in descending order	er the total f r of the amo	ees and total commissions bunt paid in the items on
Totals Total amount	of commissions paid	Tota	al fees paid /	amount
For Paperwork Reduction Act Not	ice and OMB Control Numbers, so	ee the instructions for Form 5	5500. Cat. No W	b. 13505I Schedule A (Form 5500) 2006
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(a)	Name and address of the agents, brokers or ot	her persons to whom commissions or fee	es were paid		
				Zip Code	
(b)	Amount of commissions paid	(c) Fees paid / Amount		6	(e) Organization code
(d)	Fees paid / Purpose			.00	
(u)				<i>4</i> ,	
			2		
(a)	Name and address of the agents, brokers or ot	her persons to whom commissions or fee	es were paid		
		1			
(b)	Amount of commissions paid	(c) Fees paid / Amount			(e) Organization
					code
(d)	Fees paid / Purpose	41			
(-)		S.			
(a)	Name and address of the agents, brokers or ot	her persons to whom commissions of lea	es were paid		
	Name				
	Stree: Address				
	City				
(b)	Amount of commissions paid	(c) Fees paid / Amount			(e) Organization
	6				code
(d)	Fees paid / Purpose				
	·2*				
	0	506AA02	0 X		

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			2000				i age v		Official Us	se Only
Pa	art II	Investment and A Where individual cor a unit for purposes of	ntracts are prov			such individ	ual contracts	with each ca	arrier may be	e treated as
3	Current	value of plan's interest	under this contra	act in the genera	al account a	t year end				
4	Current	value of plan's interest	under this contra	act in separate a	accounts at	year end	C			
5		ts With Allocated Funds					, Š			
а	State th	ne basis of premium rate	es				$\hat{\mathbf{O}}$			
	• [
b	Premiu	ms paid to carrier								
с	Premiu	ms due but unpaid at th	e end of the yea	r						
d	specific of the c	arrier, service, or other of costs in connection wit ontract or policy, enter a nature of costs	h the acquisition	or retention						
e	Type of (3)	f contract (1)	individual po	Nicies		2) gra	oup deferred a	nnuity		
f	If contra	act purchased, in whole	or in part, to dis	tribute benefits	from a termi	nating plan ch	eck here 🕨			
			0	5 0 6	A A	0 3	0 Y			
	L									

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 6 Contracts With Unallocated Funds (Do not include portions of these contracts maintain 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	.00
(2) Dividends and credits	.00
(3) Interest credited during the year	
(4) Transferred from separate account	.00
(5) Other (specify below)	
►	
S	
(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	
St.	
f Balance at the end of the current year (subtract $\mathbf{e}(5)$ from $\mathbf{d})$	
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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	nefit ar	nd contract type (check all app	blicable boxes	3)					
(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)	Supplementa unemployme		Prescription d	rug
	(i)		Stop loss (large deductible)	(j)	HMO contract	(k)	PPO contrac	et (I)	Indemnity con	tract
(r	n)		Other (specify below)				~			
						C				
8	Exp	erienc	e-rated contracts			Q				
а		miums	: unt received							
	(1)				õ					
	(2)		ease (decrease) nount due but unpaid		C.					
	(3)	Incre	ease (decrease) in							
		unea	arned premium reserve		0					
	(4)	Earn	ed ((1) + (2) - (3))		2					
b	Ben	nefit ch	narges:	2						
			ns paid	2						
	(2)	Incre	ease (decrease) in claim reser	Ves						
	()									
	(3)	Incur	rred claims (add (1) and (2))							
	(1)	Claim	0							
	(4)	Ciali	ns charged							
			ns charged							
		6	0							
			P	o -		0 -	<u>_</u>			
I					0 6 A A					1
									-	

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00	(1)	nainder of premium: Retention charges (on an accrual basis)			Ch	
	()	(A) Commissions			<u> </u>	
		(B) Administrative service or other fees			FILMO	
		(C) Other specific acquisition costs		.00		
		(D) Other expenses		0		
		(E) Taxes				
		(F) Charges for risks or other contingencies		G7 .00		
		(G) Other retention charges		.00		
	(0)	(H) Total retention	(
	(2)	Dividends or retroactive rate refunds. (These amounts were 1) paid in cash, or 2)	credited.)			
d	Stat <i>(1)</i>	us of policyholder reserves at end of year: Amount held to provide benefits after retirement	- A			
	(2)	Claim reserves	4			
	(3)	Other reserves	2			
e		dends or retroactive rate refunds due. not include amount entered in c(2).)				
9	Non	experience-rated contracts:				
а	Tota	I premiums or subscription charges paid to carrier				
b	in co othe	e carrier, service, or other organization incurred any spec onnection with the acquisition or retention of the contract r than reported in Part I, item 2 above, report amount cify nature of costs below	or policy,			

