Attention:

This form or schedule is provided for information purposes and should not be reproduced on personal computer printers by individual taxpayers for filing.

The Form 5500-series of forms and schedules is printed on special paper with dropout ink so it can be processed by the computerized processing system "EFAST." The Forms 5500 and 5500-EZ (and related schedules) may be obtained by calling 1-800-TAX-FORM (1-800-829-3676). Be sure to order using the IRS form number.

Check the Department of Labor's website at www.efast.dol.gov for additional information concerning the processing system, electronic filing, software, and "non-standard" filings.

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.

٠	ension benefit duals	inty Corporation					•
	calendar plan iscal plan year				and ending	MM/QD	
Α	Name of plan				В	Three-digit plan number ▶	
С	Plan sponsor's n	ame as shown on I	ne 2a of Form 5500		D	Employer Identification	n Number
Pa	Provide		ng Insurance Contract ach contract on a separate gle Schedule A.				Parts II and III
1	Coverage:				0		
(a)	Name of insurar	nce carrier		4			
				37			
	EIN Contract or iden	ntification number		(c) NAIC code			
(e)	Approximate nu	mber of persons cov	vered at end of policy or contr	act year			
Poli	cy or contract yea	ar (f) From	M/DD/		(g) To		
2	below and lis		ns paid to agents, brokers and other persons individu				
Tot	tals	Total amount of con	nmissions paid		Total fees paid	d / amount	
	•	KILL					
For	Paperwork Redu	ction Act Notice and	OMB Control Numbers, see	the instructions fo	r Form 5500. Cat.	No. 13505I Schedule A	A (Form 5500) 2004

Schedule A	(Form	5500)	2004

Official Use Only

(a)	Name and address of the agents, brokers or other p	persons to w	hom commissions or fees	s were paid			CA
							127
	Сіў				ZIP Gode		
(b)	Amount of commissions paid	(c)	Fees paid / Amount			(e)	Organization code
(d)	Fees paid / Purpose				4,		
(a)	Name and address of the agents, brokers or other p	nersons to w	hom commissions or fees	s were paid			
(ω)				, word paid			
(b)	Amount of commissions paid	(c)	Fees paid / Amount			(e)	Organization code
							code
(d)	Fees paid / Purpose						
		67					
(a)	Name and address of the agents, brokers or other p	persons to w	hom commissions or fees	s were paid			
	Name						
	Street Atdiess (Q)						
/ b \	Amount of commissions paid	(a)	Fees paid / Amount			(2)	Ouranination
(b)	Amount of commissions paid	00	r ees paid / Amount			(e)	Organization code
(d)	Fees paid / Purpose						
()							
	4						



Page	3
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	•	Schedule A (Form 5500) 2004	Page 3	
				Official Use Only
Pa	art II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual to purposes of this report.	ridual contracts with each ca	arrier may be treated as
3	Curren	t value of plan's interest under this contract in the general account at year end		2-
4	Curren	t value of plan's interest under this contract in separate accounts at year end		.00
5	Contra	cts With Allocated Funds	S	
а	State tl	he basis of premium rates		
			.0	
•			42	
b	Premiu	ıms paid to carrier		
С	Premiu	Ims due but unpaid at the end of the year		
d	specific of the o	carrier, service, or other organization incurred any costs in connection with the acquisition or retention contract or policy, enter amount		
•				
е	Type o	of contract (1) individual policies (2)	group deferred annuity	
•	(3)	other (specify below)		
f	If contr	ract purchased, in whole or in part, to distribute benefits from a terminating plan	check here ▶	
		ract purchased, in whole or in part, to distribute benefits from a terminating plan		
		0.5.0.4.0.0.0.3	0 C	

Schedule A	(Form	5500)	2004

Official Use Only

		tracts With Unallocated Funds (Do not include portions of these contracts mage of contract	intained in separat	te accounts)		20	
	(1)	deposit administration (2) immediate participation guara	intee (3)) guaran	teed investn	nent	
	(4)	other (specify below)					
•							
				X			
b	Bala	nce at the end of the previous year		150			
		tions:		00			
	(1)	Contributions deposited during the year					
	(2)	Dividends and credits	10/				
	(3)	Interest credited during the year					
	(4)	Transferred from separate account	50				
	(5)	Other (specify below)	3				
•							
		,60					
	(6)	Total additions					
Ч	Total	of balance and additions (add b and c (6))					
е	Dedu	uctions:					
		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	Bala	nce at the end of the current year (subtract e(5) from d)					
		0 5 0 4 0 0 0	4 0 D				
L						_	
			41811 481118 181				

Schedule A	(Form	5500)	2004
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Part III Welfare Benefit Contract Informati	Part III	Welfare	Benefit	Contract	Informati	or
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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 appl	icable b	ooxes)			0		
(a)	Health (other than dental or vision)	(b)	Dental	(c)	Vision	(d)	Life Ins	surance
(e)	Temporary disability (accident and sickness)	(f)	Long-term disability	(g)	Supplemental unemploymer	(h)	Prescri	ption drug
((i)	Stop loss (large deductible)	(j)	HMO contract	(k)	PPO contract	(1)	Indemr	nity contract
(n	n)	Other (specify below)				2			
					C				
8	Exp	erience-rated contracts			Q				
а		miums: Amount received							
	(2)	Increase (decrease) in amount due but unpaid							
	(3)	Increase (decrease) in unearned premium reserve							
	(4)	Earned ((1) + (2) - (3))		R					
b	Ben	efit charges:	C						
	(1)	Claims paid							
	(2)	Increase (decrease) in claim reserv	es						
	(3)	Incurred claims (add (1) and (2))							

Schedule A	(Form	5500)	2004
Scriedule A	(FOIIII	5500)	2004

Official Use Only

8 c	Ren	mainder of premium:	
	(1)	Retention charges (on an accrual basis)	
		(A) Commissions	
		mainder of premium: Retention charges (on an accrual basis) (A) Commissions	
		(C) Other specific acquisition costs	
		(D) Other expenses	
		(E) Taxes	
		(F) Charges for risks or other contingencies	
		(G) Other retention charges	
		(H) Total retention	
	(2)	Dividends or retroactive rate refunds.	
		(These amounts were 1) paid in cash, or 2) credited.)	
	. .		
d	Stat (1)	tus of policyholder reserves at end of year: Amount held to provide benefits after retirement	
	()		
	(2)	Claim recornes	
	(2)	Claim reserves	
	(3)	Other reserves	
е	Divi	idends 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		ne carrier, service, or other organization incurred any specific costs	
		connection with the acquisition or retention of the contract or policy, er than reported in Part I, item 2 above, report amount	
		ecify nature of costs below	