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SCHEDULE A			Official Use Only				
(Form 5500)	Insurance Info	rmation	OMB No. 1210-0110				
Department of the Treasury	This schedule is required to be filed		പ്രറ്റ				
Internal Revenue Service	Employee Retirement Income S File as an attachment to	-	1999				
Pension and Welfare Benefits Administration	<ul> <li>Insurance companies are required to</li> </ul>		This Form is Open to				
Pension Benefit Guaranty Corporation	pursuant to ERISA section	on 103(a)(2).	Public Inspection.				
For the calendar year 1999 or fiscal plan year beginning		, and ending					
A Name of plan							
		B Three-digit plan numb					
C Plan sponsor's name as shown	on line 2a of Form 5500	D Employer	Identification Number				
Part I Information Conce	erning Insurance Contract Coverage	. Fees. and Commissions					
Provide information for	or each contract on a separate Schedule A		as a unit in Parts II and III				
can be reported on a	single Schedule A.						
1 Coverage:		0					
(a) Name of insurance carrier							
	S						
(b) EIN	(c) NAIC of	code					
(d) Contract or identification number	er						
(e) Approximate number of persons	s covered at end of policy or contract year.						
Policy or contract year (f) Fi		(g) To MM / D					
2 Insurance fees and commiss	sions paid to agents, brokers, and other pe	rsons:					
Totals Amount of com	missions paid	Fees paid / Amount					
.0`							
	.00		.00				
For Paparwork Particulian Act Nation	and OMP Control Numbers and the instruction	on for Form 5500 Cat No. 10505	Schodulo A (Earm 5500) 4000				
For Paperwork Reduction Act Notice	e and OMB Control Numbers, see the instruction	is for form 5500. Cat. No. 135051	Scneaule A (Form 5500) 1999				



Schedule A	A (Form	5500)	1999
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Page **2** 

(a)	Name and address of the agents, brokers or other persons to whom commissions or fees were paid
	Street Address
	City State Zip Code
(b)	Amount of commissions paid (c) Fees paid / Amount (e) Organization code
(d)	Fees paid / Purpose
	.O`
(a)	Name and address of the agents, brokers or other persons to whom commissions or fees were paid
	Street Address
(h)	Ci y     State     Zi Code       Amount of commissions paid     (c) Fees paid / Amount     (e) Organization
(b)	Amount of commissions paid (c) Fees paid / Amount (e) Organization code
(d)	Fees paid / Purpose
(2)	Name and address of the agents, brokers or other persons to whom commissions or fees were paid
(a)	
	Name
	Street Address
	Ciy State Zip Code -
(b)	Amount of commissions paid (c) Fees paid / Amount (e) Organization code
(d)	Fees paid / Purpose
	- K
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	Sch	nedule A (Form 5500	) 1999				Page :	3	Officia	al Use Only	
Pa	Whe	estment and Ar ere individual cont nit for purposes of	racts are provi	act Informat ded, the entire	<b>ion</b> group of such	individua	I contracts	with each o		Ch	ed as
3	Current valu	ue of plan's interest u	nder this contra	ct in the general	account at year	end					00
4	Current valu	ue of plan's interest u	nder this contra	ct in separate ad	ccounts at year e	nd					_00
5 a		/ith Allocated Funds asis of premium rates					5				
►											
b	Premiums p	aid to carrier									_00
с	Premiums d	lue but unpaid at the	end of the year		2						_00
d	specific cost	r, service, or other or ts in connection with act or policy, enter ar ure of costs	the acquisition of	or retention	9 9	[					_00
►				R							
e	Type of con (3)	tract (1) other (specify below	individual pol	icies	(2)	grou	p deferred a	nnuity			
►			S*II								
f		ourchased, in whole o	or in part, to dist	ribute benefits fr	rom a terminating	) plan chec	k here				
	40°										
	L			5 9 9		3 1	R			-	

			Page <b>4</b>	Official Use Only
	ontracts With Unallocated Funds (Do not include por	rtions of these contracts maintained in s	separate accounts)	.C
		nmediate participation guarantee	(3) guarant	eed investment
(	4) other (specify below)			× .
►				
<b>b</b> Ba	alance at the end of the previous year	L		.00
<b>c</b> Ac	dditions: <ul> <li>Contributions deposited during the year</li> </ul>		.00	
(2,	?) Dividends and credits		00	
(3)	Interest credited during the year		00	
(4)	1) Transferred from separate account		00	
(5)	<ul> <li>Other (specify below)</li> </ul>		.00	
►				
		19		
(6)	i) Total additions			.00
	otal of balance and additions (add <b>b</b> and <b>c</b> (6))			.00
	<ul> <li>Disbursed from fund to pay benefits or purchase annuities during year</li> </ul>			
(2)			00	
(3)	O`		00	
(4)			00	
(5)	i) Total deductions			_00
	8			
f Ba	alance at the end of the current year (subtract $\mathbf{e}(5)$ f	rom <b>d</b> )		.00
		9 9 0 0 0 4 1	S IIIIIIIIIIII	

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Schedule A	(Form	5500)	1999
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Page 5

Part I	Welfare Benefit Contrac If more than one contract con organization(s), the informati Where individual contracts a unit for purposes of this repo	vers the sam ion may be re provided,	ne group of employees of combined for reporting	purpose	s if such contra	acts are exper	rience-rated a	as a unit.
<b>7</b> Be	nefit and contract type (check all app	licable boxes)	)			0-	ζ.	
(a)	Health (other than dental or vision)	Dental	(c)	Vision	(d)	Life Insura	ince	
(e)	Temporary disability (accident and sickness)	Long-term disability	(g)	Suppleme unemploy		Prescriptio	n drug	
(i)	Stop loss (large deductible)	(j)	HMO contract	(k)	PPO cont	ract (I)	Indemnity	contract
(m)	Other (specify below)				6			
►								
<b>8</b> Ex	perience-rated contracts			Q				
	emiums: Amount received					.00		
(2)	Increase (decrease) in amount due but unpaid		<u>A</u>			00		
(3)	Increase (decrease) in unearned premium reserve		S			00		
(4)	Earned ((1) + (2) - (3))	Q						_00
	nefit charges:	2						
(1)	Claims paid	8						
(2)	Increase (decrease) in claim reser	ves				.00		
(3)	Incurred claims (add (1) and (2))							00
	6							
(4)	Claims charged							.00
	402-							
L	.		9 9 0 0 0	5				

[		Schedule A (Form 5500) 1999						Р	age <b>6</b>						
												Offic	cial Use C	Only	
С	Rem (1)	ainder of premium: Retention charges (on an accrual basis) (A) Commissions								_00			N N		
		(B) Administrative service or other fees								.00	)	N			
		(C) Other specific acquisition costs								.00					
		(D) Other expenses									0				
		(E) Taxes								00					
		(F) Charges for risks or other contingencies								00					
		(G) Other retention charges								.00					
		(H) Total retention					Ê								00
	(2)	Dividends or retroactive rate refunds.													
		(These amounts were 1) paid in cash, o	or 2)	C	credited	l.)									.00
d		us of policyholder reserves at end of year: Amount held to provide benefits after retirement													.00
	(2)	Claim reserves		C S											00
	(3)	Other reserves	0												00
e		lends or retroactive rate refunds due. not include amount entered in <b>c</b> (2).)													00
9	Non	experience-rated contracts:													
а	Tota	premiums or subscription charges paid to carrier.													00
b		e carrier, service, or other organization incurred an onnection with the acquisition or retention of the co													
	othe	r than reported in Part I, item 2 above, report amou cify nature of costs below													.00
		,O`													
		0.5.0	9	0	0 0	6	1	U							