SCHEDULE A (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Pension and Welfare Benefits 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

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

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	calendar plan year 2002 iscal plan year beginning	and ending
Α	Name of plan	B Three-digit plan number ▶
С	Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number
Pa	Provide information for each contract on a separate Schedule A. can be reported on a single Schedule A.	
1	Coverage:	_0
(a)	Name of insurance carrier	
(b)	EIN (c) NAIC cod	ie in the second se
(d)	Contract or identification number	
(e)	Approximate number of persons covered at end of policy or contract year	
Poli	cy or contract year (f) From	(g) To
2	Insurance fees and commissions paid to agents, brokers and other pers below and list agents, brokers and other persons individually in descend the following page(s) in Part I.	ons. Enter the total fees and total commissions ling order of the amount paid in the items on
Tot	tals Total amount of commissions paid	Total fees paid / amount
	.00	
For	Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions	for Form 5500. Cat. No. 13505l Schedule A (Form 5500) 2002
İ		1 0 8 v5.0

(a)	Name and address of the agents, brokers or oth	er persons to v	whom commissions or fees	were paid			CA
							27
					Zip God	-	
(b)	Amount of commissions paid	(c)	Fees paid / Amount		1 1 0 0	(e)	Organization code
(d)	Fees paid / Purpose				<i>U</i> ,		
(a)	Name and address of the agents, brokers or oth	er persons to v	whom commissions or fees	were paid			
(b)	Amount of commissions paid	(c)	Fees paid / Amount		00	(e) (Organization code
(d)	Fees paid / Purpose		(),				
		4,5					
		Q-					
(a)	Name and address of the agents, brokers or oth	er persons to v	whom commissions or fees	were paid			
	Name						
	Street Addless						
	Cily						
(b)	Amount of commissions paid		Fees paid / Amount			(e) (Organization code
(d)	Fees paid / Purpose						
(d)	rees paid / ruipose						



Schedule A (Form 5500) 2002

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Investment and Annuity Contract InformationWhere 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.

Page 3

3	Current value of plan's interest under this contract in the general account at year end	
4	Current value of plan's interest under this contract in separate accounts at year end	
5 a	Contracts With Allocated Funds State the basis of premium rates	
•		
b	Premiums paid to carrier	
С	Premiums due but unpaid at the end of the year	
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 amount	
	Specify nature of costs	
•		
е	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	

Schedule	Α	(Form	5500)	2002

Page 4

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	tracts With Unallocated Funds (Do not include portions of e of contract	these contracts maintained	in separate accou	nts)	C	
(1)	deposit administration (2) immediate	e participation guarantee	(3)	guaranteed in	vestment	
(4)	other (specify below)			<		
•						
				X		
b Bala	ance at the end of the previous year					
c Add (1)	itions: Contributions deposited during the year					
(2)	Dividends and credits					
(3)	Interest credited during the year					
(4)	Transferred from separate account					
(5)	Other (specify below)	70				
		S				
(6)	Total additions					
	I of balance and additions (add b and c (6))uctions:					
(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)					
	45					
(5)	Total deductions					
	9-					
f Bala	ance at the end of the current year (subtract $\mathbf{e}(5)$ from \mathbf{d})					
			_			
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	Page 5
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Schedule A	(Form	5500)	2002
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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 E	Benefit and contract type (check all a	oplicable box	es)			0-
(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 (h) unemployment	Prescription drug
(i)	Stop loss (large deductible) (j)	HMO contract	(k)	PPO contract (I)	Indemnity contract
(m)	Other (specify below)				45	
8 E	Experience-rated contracts			00		
	Premiums: (1) Amount received					
((2) Increase (decrease) in amount due but unpaid					
(Increase (decrease) in unearned premium reserve 		STILL			
((4) Earned ((1) + (2) - (3))		Q ^X			
	Benefit charges: (1) Claims paid	4				
((2) Increase (decrease) in claim res	erves				
((3) Incurred claims (add (1) and (2))					

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Schedule A	(FOIIII	5500	1 2002

Page 6

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С	Ren	mainder of premium:	
	(1)	mainder 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	
		(H) Total retention	
	(2)		
		(These amounts were 1) paid in cash, or 2) credited.)	
d		atus of policyholder reserves at end of year: Amount held to provide benefits after retirement	
	(2)	Claim reserves	
	(3)	Other reserves	
е		o not include amount entered in c(2).)	
9	Nor	nexperience-rated contracts:	
а	Tota	al premiums or subscription charges paid to carrier	
	in c	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 amountecify nature of costs below	
		X	