

**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

2002

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

For calendar plan year 2002
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) 2002



(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

0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	00
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(c) Fees paid / Amount

0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	00
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	----

(e) Organization code

0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

(d) Fees paid / Purpose

(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

0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	00
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	----

(c) Fees paid / Amount

0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	00
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(e) Organization code

0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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(d) Fees paid / Purpose

(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

0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	00
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(c) Fees paid / Amount

0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	00
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(e) Organization code

0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
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(d) Fees paid / Purpose



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

0 5 0 2 0 0 0 5 0 C



c Remainder of premium:

- (1) 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

										00
										00
										00
										00
										00
										00
										00

(H) Total retention

										00
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(2) Dividends or retroactive rate refunds.

(These amounts were 1) paid in cash, or 2) credited.)...

										00
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d Status of policyholder reserves at end of year:

- (1) Amount held to provide benefits after retirement
- (2) Claim reserves
- (3) Other reserves

										00
										00
										00

e Dividends or retroactive rate refunds due.

(Do not include amount entered in c(2).)

										00
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9 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier

										00
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b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.....

Specify nature of costs below

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0 5 0 2 0 0 0 6 0 D



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