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SCHEDULE A (Form 5500)	Insurance Infor	mation	Official Use Only OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor	2003		
Employee Benefits Security Administration Pension Benefit Guaranty Corporation	 File as an attachment to F Insurance companies are required to p pursuant to ERISA section 	rovide this information	This Form is Open to Public Inspection.
For calendar plan year 2003 or fiscal plan year beginning		and ending	
A Name of plan			Three-digit plan number
C Plan sponsor's name as shown or	line 2a of Form 5500	D	Employer Identification Number
	ning Insurance Contract Coverage, leach contract on a separate Schedule A.		
1 Coverage:		No.	
(a) Name of insurance carrier	4		
(b) EIN	(c) NAIC cod	le	
(d) Contract or identification number			
(e) Approximate number of persons c	overed at end of policy or contract year		
Policy or contract year (f) From		(g) To	
	ons paid to agents, brokers and other pers s and other persons individually in descen		
Totals Total amount of c	ommissions paid	Total fees paid ,	/ amount
For Paperwork Reduction Act Notice a	nd OMB Control Numbers, see the instructions	for Form 5500. Cat. N	No. 135051 Schedule A (Form 5500) 2003
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(a)	Name and address of the agents, brokers or other persons to whom commissions or fees were paid										
					Zip Code						
(b)	Amount of commissions paid	(c) 00	Fees paid / Amount			(e) Organization code					
(d)	Fees paid / Purpose				5						
(a)	Name and address of the agents, brokers or other p	persons to v	hom commissions or fees	s were paid							
)							
(b)	Amount of commissions paid	(c)	Fees paid / Amount			e) Organization					
. ,		00			00	code					
(d)	Fees paid / Purpose		67								
		Q'									
(a)	Name and address of the agents, brokers or other p	ersons to v	hom commissions or fees	s were paid							
	Name			·							
	Stree: Add ess										
	Сіу	(-)			Zip Code						
(b)	Amount of commissions paid		Fees paid / Amount			e) Organization code					
(d)	Fees paid / Purpose										
(u)											
	~										
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l	Schedule A (Form 5500) 2003 Page 3	Official Use Only
Ра	art II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each ca a unit for purposes of this report.	
3	Current value of plan's interest under this contract in the general account at year end	.00
4	Current value of plan's interest under this contract in separate accounts at year end	.00
5 a	Contracts With Allocated Funds a 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	
e	e 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	
	KOR HAR	

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	tracts With Unallocated Funds (Do not include portions of these contracts maintained in a of contract	n separate accounts)	, C
(1)	deposit administration (2) immediate participation guarantee	(3) guara	anteed investment
(4)	other (specify below)		
b Bala	nce at the end of the previous year	5	
c Add			
(1)	Contributions deposited during the year		
(2)	Dividends and credits	.00	
(3)	Interest credited during the year	.00	
(4)	Transferred from separate account		
(5)	Other (specify below)		
	C C C		
	5		
(6)	Total additions		
	l of balance and additions (add b and c (6))		
(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		
	ð -		
f Bala	nce at the end of the current year (subtract e (5) from d)		
	0 5 0 3 0 0 4 0	С	
_			

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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	efit an	nd contract type (check all app	licable I	boxes)				0		
(a	a)		Health (other than dental or vision)	(b)		Dental	(c)	Vision	(d)	Life Insur	ance
(e	e)		Temporary disability (accident and sickness)	(f)		Long-term disabilit	y (g)	Supplementa unemployment		Prescripti	on drug
(i	i)		Stop loss (large deductible)	(j)		HMO contract	(k)	PPO contract	(I)	Indemnity	contract
(m	1)		Other (specify below)					K			
							C				
8	Exp	erienc	e-rated contracts				, Ó				
		niums									
	(1)	Amo	unt received								
	(2)		ease (decrease) nount due but unpaid								
	(3)		ease (decrease) in Irned premium reserve								
	(4)	Earn	ed ((1) + (2) - (3))								
b	Ben	efit ch	arges:		\sim						
	(1)	Clain	ns paid	2							
	(2)	Incre	ease (decrease) in claim reser	ves							
	(3)	Incur	rred claims (add (1) and (2)) .								
	(4)	Clain	ns charged								
			8-M								
L				0	5	0 3 0 0	0 5	0 D			

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8C	Ren (1)	ainder of premium: Retention charges (on an accrual basis)			G
		(A) Commissions			A A
		(B) Administrative service or other fees			- FILMS
		(C) Other specific acquisition costs		.00	2-
		(D) Other expenses		0,0	
		(E) Taxes		00	
		(F) Charges for risks or other contingencies		5.00	
		(G) Other retention charges		٥٥_ C	
				0	
		(H) Total retention			
	(2)	Dividends or retroactive rate refunds.			
		(These amounts were 1) paid in cash, or	2) credited.)		
d	Stat	is of policyholder reserves at end of year:			
	(1)	Amount held to provide benefits after retirement			
	$\langle 0 \rangle$		O.		
	(2)	Claim reserves	<i>V</i> ?		
	(3)	Other reserves	5		
		•	5		
e		lends or retroactive rate refunds due. not include amount entered in c(2).)			
9		experience-rated contracts:			
а	Tota	premiums or subscription charges paid to carrier			
b		e carrier, service, or other organization incurred any spe			
	othe	nnection with the acquisition or retention of the contract r than reported in Part I, item 2 above, report amount			
	Spe	sify nature of costs below			

