Attention:

This form or schedule is provided for informational 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) are included in the appropriate packages that are mailed each spring to all filers of record. These forms and schedules may also 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 Web site 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
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

2001

This Form is Open to Public Inspection.

For calendar plan year 2001 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** XX-XXXXXXX

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 XX-XXXXXXX **(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 .00 Total fees paid / amount .00

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(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 .00

(c) Fees paid / Amount .00

(e) Organization code

(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 .00

(c) Fees paid / Amount .00

(e) Organization code

(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 .00

(c) Fees paid / Amount .00

(e) Organization code

(d) Fees paid / Purpose

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Part II Investment and Annuity Contract Information

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.

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 Contracts With Allocated Funds

a State the basis of premium rates

▶

b Premiums paid to carrier ..... .00

c Premiums due but unpaid at the end of the year ..... .00

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 ..... .00

Specify nature of costs

▶

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 ..... ▶ ☐

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6 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract

(1) deposit administration **(2)** immediate participation guarantee **(3)** guaranteed investment

(4) other (specify below)

▶

b Balance at the end of the previous year .....

c Additions:

(1) Contributions deposited during the year .....

(2) Dividends and credits .....

(3) Interest credited during the year .....

(4) Transferred from separate account .....

(5) Other (specify below) .....

▶

(6) Total additions .....

d Total of balance and additions (add **b** and **c***(6)*) .....

e Deductions:

(*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 .....

f Balance at the end of the current year (subtract **e***(5)* from **d**) .....

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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 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

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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 .....

(H) Total retention .....

(2) Dividends or retroactive rate refunds.

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

d Status of policyholder reserves at end of year:

(1) Amount held to provide benefits after retirement .....

(2) Claim reserves .....

(3) Other reserves .....

e Dividends or retroactive rate refunds due.
(Do not include amount entered in c*(2)*.) .....

9 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier .....

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