CUMULATIVE CHANGES

SCHEDULE A (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security 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.

	calendar plan iscal plan year						and end	ling			
Α	Name of plan							В	Three-digit plan number ▶		
С	Plan sponsor's r	name as s	hown on lir	ne 2a of Form	5500			D	Employer Identifica	tion Numbe	er
Pa	Provide	informat	ion for ea		n a separat	t Coverage, e Schedule A.			nissions s grouped as a unit	in Parts II	and III
1	Coverage:										
(a)	Name of insura	nce carrier				8					
	EIN Contract or ider	ntification r	number			(c) NAIC co	ode				
(e)	Approximate nu	mber of pe	ersons cove	ered at end of	policy or con	tract year					
Polid	cy or contract ye	ar	(f) From	MM/			(g) 7	То			
2		st agents,	brokers a						al fees and total co amount paid in the		
Tot	als	Total amo	unt of com	missions paid			Total	fees paid	d / amount		
For	Paperwork Redu	ction Act I	Notice and	OMB Control	Numbers, see	the instruction	s for Form 55	00. Cat.	No. 13505I Schedule	A (Form 5	500) 2008

(a)	Name and address of the agents, brokers or other persons to whom commissions or fees were paid											
(b)	Amount of commissions paid	(c) Fees paid / Amount			(e)	Organization code					
(d)	Fees paid / Purpose											
(a)	Name and address of the agents, brokers	or other persons to	o whom commissions or f	fees were paid								
				State								
(b)	Amount of commissions paid	(c) Fees paid / Amount			(e)	Organization code					
(d)	Fees paid / Purpose											
(a)	Name and address of the agents, brokers	or other persons to	o whom commissions or f	fees were paid								
	Name											
	Street Address											
(b)	Amount of commissions paid) Fees paid / Amount			(e)	Organization code					
(al\	Face paid / Durmage											
(a)	Fees paid / Purpose											

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.

Current value of plan's interest under this contract in the general account at year end Current value of plan's interest under this contract in separate accounts at year end 5 Contracts With Allocated Funds a State the basis of premium rates **b** Premiums paid to carrier c 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 individual policies group deferred annuity Type of contract (2) other (specify below)

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here...

(1)	deposit administration (2) immediate participation guarantee	(3)	guarantee	d inves	stment	t							
(4)		other (specify below)												
В	alan	ice at the end of the previous year												
Δ	-lditi	ons:												
(1		Contributions deposited during the year												
(2	') I	Dividends and credits												
(3	?) I	Interest credited during the year												
(4)	Transferred from separate account												
(5) (Other (specify below)												
10	., -	Total additions												
(6)	Total additions												
		of balance and additions (add b and c (6))ctions:												
(1)	Disbursed from fund to pay benefits or purchase annuities during year												
(2	') i	Administration charge made by carrier												
(3	') -	Transferred to separate account												
(4) (Other (specify below)												
(5) 7	Total deductions												

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	tvpe	(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	(1)	Indemnity contract
(m)	Other (specify below)						

8 Experience-rated contracts

а	Premiums:	

- (1) Amount received
- (2) Increase (decrease) in amount due but unpaid
- (3) Increase (decrease) in unearned premium reserve
- (4) Earned ((1) + (2) (3))

b Benefit charges:

- (1) Claims paid
- (2) Increase (decrease) in claim reserves
- (4) Claims charged

8 c	Ren	mainder 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)		
		(These amounts were 1) paid in cash, or 2) credited.)	
d		tus of policyholder reserves at end of year: Amount held to provide benefits after retirement	
	(1)	Amount field to provide benefits after retirement	
	(2)	Claim reserves	
	(3)	Other reserves	
	(0)	Olici Tosci ves	
е	Divi	idends or retroactive rate refunds due.	
	(Do	not include amount entered in c(2).)	
9	Non	nexperience-rated contracts:	
а	Tota	al premiums or subscription charges paid to carrier	
b	If th	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	
	-60	··· , ···· · · · · · · · · · · · · · · · ·	