



Valid values for this datatype include valid calendar dates in the format MM/DD/YYYY.

Part I 1-2	Part I Continued	Part II	Part III	Part IV	Save	Save and Close	Close
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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 (ERISA). File as an attachment to Form 5500. Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan	B Three-digit plan number (PN)
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)

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 Information:

(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

(f) From

(g) To

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid

(b) Total amount of fees paid



Valid values for this datatype include strings up to 35 characters, including letters, numerals, single space, comma, hyphen, period, slash, percent, and ampersand.

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Insurance Information

2009

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

Name US Foreign

Address Line 1

Address Line 2

City

State

Zip Code

(b) Amount of sales and base commissions paid
Fees and other commissions paid

(c) Amount (d) Purpose

(e) Organization Code



Valid values for this datatype include signed integers up to a maximum of 15 digits.

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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.

4 Current value of plan's interest under this contract in the general account at year end **4**

5 Current value of plan's interest under this contract in separate accounts at year end **5**

6 Contracts With Allocated Funds:

a State the basis of premium rates

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

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 **6d**

Specify nature of costs

e Type of (1) individual policies (2) group deferred annuity
 (3) other (specify)

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

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate

a Type of (1) deposit administration (2) immediate participation (3) guaranteed
 (4) other

b Balance at the end of the previous year **7b**

c Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)**
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)**

(6) Total additions **7c(6)**

d Total of balance and additions (add b and c(6)) **7d**

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during **7e(1)**
(2) Administration charge made by carrier **7e(2)**
(3) Transferred to separate account **7e(3)**
(4) Other (specify below) **7e(4)**

(5) Total deductions **7e(5)**

f Balance at the end of the current year (subtract e(5) from d) **7f**



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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 contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 **Benefit and contract type (check all applicable boxes)**

- | | |
|--|--|
| a <input type="checkbox"/> Health (other than dental or vision) | b <input type="checkbox"/> Dental |
| c <input type="checkbox"/> Vision | d <input type="checkbox"/> Life insurance |
| e <input type="checkbox"/> Temporary disability (accident and sickness) | f <input type="checkbox"/> Long-term disability |
| g <input type="checkbox"/> Supplemental unemployment | h <input type="checkbox"/> Prescription drug |
| i <input type="checkbox"/> Stop loss (large deductible) | j <input type="checkbox"/> HMO contract |
| k <input type="checkbox"/> PPO contract | l <input type="checkbox"/> Indemnity contract |
| m <input type="checkbox"/> Other (specify) | |

9 **Experience-rated contracts:**

a Premiums: (1) Amount received	9a(1)	
(2) Increase (decrease) in amount due but unpaid	9a(2)	
(3) Increase (decrease) in unearned premium reserve	9a(3)	
(4) Earned ((1) + (2) - (3))		9a(4)
b Benefit charges (1) Claims paid	9b(1)	
(2) Increase (decrease) in claim reserves	9b(2)	
(3) Incurred claims (add (1) and (2))		9b(3)
(4) Claims charged		9b(4)
c Remainder of premium: (1) Retention charges (on an accrual basis) --		
(A) Commissions	9c(1)(A)	
(B) Administrative service or other fees	9c(1)(B)	
(C) Other specific acquisition costs	9c(1)(C)	
(D) Other expenses	9c(1)(D)	
(E) Taxes	9c(1)(E)	
(F) Charges for risks or other contingencies	9c(1)(F)	
(G) Other retention charges	9c(1)(G)	
(H) Total retention		9c(1)(H)
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
(2) Claim reserves		9d(2)
(3) Other reserves		9d(3)
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)		9e

10 **Nonexperience-rated contracts:**

- | | | |
|--|------------|--|
| a Total premiums or subscription charges paid to carrier | 10a | |
| 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. | 10b | |

Specify nature of costs



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Part IV Provision of Information

- 11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No
- 12 If the answer to line 11 is "Yes," specify the information not provided.