

**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

**20132014**

**This Form is Open to Public Inspection**

For calendar plan year **2013-2014** or fiscal plan year beginning \_\_\_\_\_ and ending \_\_\_\_\_

<b>A</b> Name of plan		<b>B</b> Three-digit plan number (PN) <input type="checkbox"/>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500		<b>D</b> 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	Policy or contract year	
				(f) From	(g) To

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

<b>(a)</b> Total amount of commissions paid	<b>(b)</b> Total amount of fees paid
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**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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) 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.

<b>4</b> Current value of plan's interest under this contract in the general account at year end.....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**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 contract: (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 here

**7** 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

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

<b>c</b> Additions: (1) Contributions deposited during the year.....	<b>7c(1)</b>	
(2) Dividends and credits.....	<b>7c(2)</b>	
(3) Interest credited during the year.....	<b>7c(3)</b>	
(4) Transferred from separate account.....	<b>7c(4)</b>	
(5) Other (specify below).....	<b>7c(5)</b>	
<input type="checkbox"/>		

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

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

<b>e</b> Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	<b>7e(1)</b>	
(2) Administration charge made by carrier.....	<b>7e(2)</b>	
(3) Transferred to separate account.....	<b>7e(3)</b>	
(4) Other (specify below).....	<b>7e(4)</b>	
<input type="checkbox"/>		

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

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

**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 organizations(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.

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

<b>9a(1)</b>			
<b>9a(2)</b>			
<b>9a(3)</b>			
		<b>9a(4)</b>	
<b>9b(1)</b>			
<b>9b(2)</b>			
		<b>9b(3)</b>	
		<b>9b(4)</b>	
<b>9c(1)(A)</b>			
<b>9c(1)(B)</b>			
<b>9c(1)(C)</b>			
<b>9c(1)(D)</b>			
<b>9c(1)(E)</b>			
<b>9c(1)(F)</b>			
<b>9c(1)(G)</b>			
	<input type="checkbox"/>	<input type="checkbox"/>	<b>9c(1)(H)</b>
			<b>9c(2)</b>
			<b>9d(1)</b>
			<b>9d(2)</b>
			<b>9d(3)</b>
			<b>9e</b>
			<b>10a</b>
			<b>10b</b>

**Part IV Provision of Information**

Yes  No