SCHEDULE A (Form 5500)

Department of the Treasury Internal Revenue Service

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

OMB No. 1210-0110

2015

Employee Benefits Security Adm	———						
Pension Benefit Guaranty Corp	poration		☐ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).			This Form is Open to Public Inspection	
For calendar plan year 201	5 or fiscal pla		()()	and ending	'		
A Name of plan				B Three-digit			
				plan number (PN)		
C Plan sponsor's name as	shown on li	ne 2a of Form 5500		D Employer Identi	fication Number	(EIN)	
		ning Insurance Contract Individual contracts grouped as					
1 Coverage Information:							
(a) Name of insurance care	rier						
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate nu persons covered a		Policy or c	ontract year	
(D) EIN	code	identification number	policy or contrac	1 1	(f) From	(g) To	
descending order of the	amount paid.	nation. Enter the total fees and to	otal commissions paid. L	ist in line 3 the agents		ther persons in	
3 Persons receiving comn	nissions and	fees. (Complete as many entrie	s as needed to report all	persons).			
	(a) Name	and address of the agent, broke	r, or other person to who	m commissions or fee	es were paid		
		Ec	ees and other commission	as paid			
(b) Amount of sales and base		(c) Amount		(d) Purpose		(e) Organization code	
commissions paid		(c) Amount		(u) Fui pose		(c) Organization code	
	(a) Name	and address of the agent, broke	r, or other person to who	m commissions or fee	es were paid		
(b) Amount of sales and	d hase	Fe	ees and other commission	ns paid			
commissions paid		(c) Amount		(d) Purpose		(e) Organization code	

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(a) Na	ume and address of the agent, broke	er, or other person to whom commissions or fees were paid				
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization			
commissions paid	(c) Amount	(d) Purpose	code			
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees were paid				
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization			
commissions paid	(c) Amount	(d) Purpose	code			
(a) Na	ime and address of the agent, broke	er, or other person to whom commissions or fees were paid	•			
• •		·				
		Fees and other commissions paid				
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code			
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid						
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization			
commissions paid	(c) Amount	(d) Purpose	code			
(a) Na	me and address of the agent, broke	er, or other person to whom commissions or fees were paid				
(-4)		.,,				
(b) Amount of sales and base		Fees and other commissions paid				
commissions paid	(c) Amount	(d) Purpose	(e) Organization code			

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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					
1	Curr	this report. ent value of plan's interest under this contract in the general account at year	end		4		
		ent value of plan's interest under this contract in the general account at year e					
_		ntracts With Allocated Funds:					
_	а	State the basis of premium rates \Box					
	•	State the basis of premium rates \Box					
	b	Premiums paid to carrier			6b		
	С	Premiums due but unpaid at the end of the year			6с		
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount			6d		
		Specify nature of costs					
	е	Type of contract: (1) individual policies (2) group deferre	d annuity				
		(3) other (specify)					
		(b) United (specify)					
		If anything the control of the color of the country of the first of the color of the first of the color of th					
_	f	If contract purchased, in whole or in part, to distribute benefits from a termin					
1		tracts With Unallocated Funds (Do not include portions of these contracts ma					
	a			tion guarantee			
		(3) \square guaranteed investment (4) \square other \square					
	b	Balance at the end of the previous year			7b		
	С	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)	7c(5)				
		(0)7			70(6)		
	ч	(6)Total additions					
]		,7 u		
	C	Deductions: (1) Dishurand from fund to pay benefits or purphase appuities during year.	7e(1)				
		(1) Disbursed from fund to pay benefits or purchase annuities during year					
		(2) Administration charge made by carrier	7e(2) 7e(3)				
		(3) Transferred to separate account	7e(3)				
		(4) Other (specify below)	<i>I.E.</i> (4)				
		(E) Total deductions			7e(5)		
	f	(5) Total deductions			7f		

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Part III Welfare Benefit Contract Informat If more than one contract covers the same gr information may be combined for reporting pr the entire group of such individual contracts of	roup of employees of the sa urposes if such contracts a	re experienc	e-rated as a unit. Where co	ntracts	oyee organizations(s), the cover individual employees,
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 _ g _ k _	Vision Supplemental unemployme PPO contract	_	
		9a(1) 9a(2) 9a(3)	94	a(4)	
		9b(1) 9b(2)	91	o(3)	
		9c(1)(A) 9c(1)(B)	91	o(4)	
		9c(1)(C) 9c(1)(D) 9c(1)(E)			
		9c(1)(F) 9c(1)(G)	9c(1)(H)	
	Ц		90	c(2) d(1) d(2) d(3)	
				9e .0a	
			1	.0b	

Yes

No

Provision of Information