

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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).

For calendar plan year 2024 or fiscal plan year beginning

and ending

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	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.

(a) Total amount of commissions paid

(b) Total amount of fees paid

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		

(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.	
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 contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ►	
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ► <input type="checkbox"/> <input type="checkbox"/>	
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ►	
b Balance at the end of the previous year.....	.7b
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)..... ►	.7c(1) .7c(2) .7c(3) .7c(4) .7c(5) ►
(6) Total additions.....	.7c(6)
d Total of balance and additions (add lines 7b and 7c(6)).	.7d
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)..... ►	.7e(1) .7e(2) .7e(3) .7e(4) ►
(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.

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

(2) Increase (decrease) in claim reserves.....	9b(1).....
(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 paid in cash, or credited.).....

d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....

(2) Claim reserves.....	9d(1).....
(3) Other reserves.....	9d(2).....

e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(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, line 2 above, report amount.....	10b

Specify nature of costs.

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. ►