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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  2024  This Form is Open to Public Inspection | | |
| For calendar plan year 2024 or fiscal plan year beginning  and ending | | | | | | | | | | | | |
| A Name of plan  ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDE  FGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI  ABCDEFGHI ABCDEFGHI ABCDEFGHI | | | | | | | | B Three-digit plan number (PN) ⏵ | | | | 001 |
|  | | | | |
| C Plan sponsor’s name as shown on line 2a of Form 5500 ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDE  FGHI ABCDEFGHI | | | | | | | | D Employer Identification Number (EIN) 012345678 | | | | |
| 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 | | | | | | | | | | | | |
| ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI | | | | | | | | | | | | |
| **(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 |
| 012345678 | | ABCDE | | ABCDE0123456789 | | | 1234567 | | YYYY-MM-DD | | | YYYY-MM-DD |
| 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 | | | | | | |
| 123456789012345 | | | | | | 123456789012345 | | | | | | |
| 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 | | | | | | | | | | | | |
| ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDE  123456789 ABCDEFGHI ABCDEFGHI ABCDE  123456789 ABCDEFGHI ABCDEFGHI ABCDE  CITY56789 ABCDEFGHI AB, ST 021345678901 | | | | | | | | | | | | |
| (b) Amount of sales and base commissions paid | | | Fees and other commissions paid | | | | | | | | | (e) Organization code |
| (c) Amount | | (d) Purpose | | | | | | |
| -123456789012345 | | | -123456789012345 | | ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDE | | | | | | | 1 |
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| (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid | | | | | | | | | | | | |
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| (b) Amount of sales and base commissions paid | | | Fees and other commissions paid | | | | | | | | | (e) Organization code |
| (c) Amount | | (d) Purpose | | | | | | |
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| For Paperwork Reduction Act Notice, see the Instructions for Form 5500. | | | | | | | | | | | Schedule A (Form 5500) 2024 v. **240311** | |

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| (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid | | | |
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| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
| (c) Amount | (d) Purpose |
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| (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid | | | |
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| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
| (c) Amount | (d) Purpose |
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| (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid | | | |
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| (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid | | | |
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| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
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| (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid | | | |
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| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (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 this report. | | | | | | | | | | |
| 4 Current value of plan’s interest under this contract in the general account at year end | | | | | | | | | | | **4** | 123456789012345 |
| 5 Current value of plan’s interest under this contract in separate accounts at year end | | | | | | | | | | | **5** | 123456789012345 |
| 6 Contracts With Allocated Funds: | | | | | | | | | | | |  |
| a State the basis of premium rates ⏵ | | | | |  | | | | | |  | |
|  | | | | |  | |
| b Premiums paid to carrier | | | | | | | | | | | **6b** | -123456789012345 |
| c Premiums due but unpaid at the end of the year | | | | | | | | | | | **6c** | -123456789012345 |
| 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** | -123456789012345 |
| Specify nature of costs ⏵ | | | |  | | | | | | |  | |
|  | | | |  | |
| e Type of contract: (1) X individual policies (2) X group deferred annuity | | | | | | | | | | | |  |
| (3) X other (specify) ⏵ | | | |  | | | | | | |  | |
|  | | | |  | |
| f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ⏵ X | | | | | | | | | | | | X |
| 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) | | | | | | | | | | | |  |
| a Type of contract: | | | (1) X deposit administration | | | (2) X immediate participation guarantee | | | | | |  |
|  | | | (3) X guaranteed investment | | | (4) X other ⏵ | | |  | | | |
|  | | | | | | | | |
|  | | | | | | | | | | | | |
| b Balance at the end of the previous year | | | | | | | | | | | **7b** | 123456789012345 |
| c Additions: (1) Contributions deposited during the year | | | | | | | | **7c(1)** | | -123456789012345 | |  |
| (2) Dividends and credits | | | | | | | | **7c(2)** | | -123456789012345 | |  |
| (3) Interest credited during the year | | | | | | | | **7c(3)** | | -123456789012345 | |  |
| (4) Transferred from separate account | | | | | | | | **7c(4)** | | -123456789012345 | |  |
| (5) Other (specify below) | | | | | | | | **7c(5)** | | -123456789012345 | |  |
| ⏵ |  | | | | | |  |  | | | |  |
|  |  |
|  |  |
| (6)Total additions | | | | | | | | | | | **7c(6)** | 123456789012345 |
| d Total of balance and additions (add lines **7b** and **7c(6)**). | | | | | | | | | | | **7d** | 123456789012345 |
| e Deductions: | | | | | | | | | |  | |  |
| (1) Disbursed from fund to pay benefits or purchase annuities during year | | | | | | | | **7e(1)** | | -123456789012345 | |  |
| (2) Administration charge made by carrier | | | | | | | | **7e(2)** | | -123456789012345 | |  |
| (3) Transferred to separate account | | | | | | | | **7e(3)** | | -123456789012345 | |  |
| (4) Other (specify below) | | | | | | | | **7e(4)** | | -123456789012345 | |  |
| ⏵ |  | | | | | |  |  | | | |  |
|  |  |
|  |  |
| (5) Total deductions | | | | | | | | | | | **7e(5)** | 123456789012345 |
| f Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | | | | | | | | | **7f** | 123456789012345 |

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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 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 X Health (other than dental or vision) | | b X Dental | | c X Vision | | | | d X Life insurance | |
|  | e X Temporary disability (accident and sickness) | | f X Long-term disability | | g X Supplemental unemployment | | | | h X Prescription drug | |
|  | i X Stop loss (large deductible) | | j X HMO contract | | k X PPO contract | | | | l X Indemnity contract | |
|  | m X Other (specify) ⏵ ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCKEFGHI ABCDEFGHI ABCDEFGHI ABCDE | | | | | | | | | |
| 9 Experience-rated contracts: | | | | | | | | | |  |
| a Premiums: (1) Amount received | | | | **9a(1)** | | -123456789012345 | | | |  |
| (2) Increase (decrease) in amount due but unpaid | | | | **9a(2)** | | -123456789012345 | | | |  |
| (3) Increase (decrease) in unearned premium reserve | | | | **9a(3)** | | -123456789012345 | | | |  |
| (4) Earned (**(1)** + **(2)** - **(3)**) | | | | | | | | **9a(4)** | | 123456789012345 |
| b Benefit charges (1) Claims paid | | | | **9b(1)** | | -123456789012345 | | | |  |
| (2) Increase (decrease) in claim reserves | | | | **9b(2)** | | -123456789012345 | | | |  |
| (3) Incurred claims (add **(1)** and **(2)**) | | | | | | | | **9b(3)** | | 123456789012345 |
| (4) Claims charged | | | | | | | | **9b(4)** | | 123456789012345 |
| c Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | | | | -123456789012345 | | | |  |
| (A) Commissions | | | | **9c(1)(A)** | | -123456789012345 | | | |  |
| (B) Administrative service or other fees | | | | **9c(1)(B)** | | -123456789012345 | | | |  |
| (C) Other specific acquisition costs | | | | **9c(1)(C)** | | -123456789012345 | | | |  |
| (D) Other expenses | | | | **9c(1)(D)** | | -123456789012345 | | | |  |
| (E) Taxes | | | | **9c(1)(E)** | | -123456789012345 | | | |  |
| (F) Charges for risks or other contingencies | | | | **9c(1)(F)** | | -123456789012345 | | | |  |
| (G) Other retention charges | | | | **9c(1)(G)** | | -123456789012345 | | | |  |
| (H) Total retention | | | | | | | | **9c(1)(H)** | | 123456789012345 |
| (2) Dividends or retroactive rate refunds. (These amounts were X paid in cash, or X credited.) | | | | | | | | **9c(2)** | | 123456789012345 |
| d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | | | | | | **9d(1)** | | 123456789012345 |
| (2) Claim reserves | | | | | | | | **9d(2)** | | 123456789012345 |
| (3) Other reserves | | | | | | | | **9d(3)** | | 123456789012345 |
| e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.) | | | | | | | | **9e** | | 123456789012345 |
| 10 Nonexperience-rated contracts: | | | | | | | | | |  |
| a Total premiums or subscription charges paid to carrier | | | | | | | | **10a** | | 123456789012345 |
| 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** | | -123456789012345 |
| Specify nature of costs. ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCD ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCD  ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCD  ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCD  ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCD  ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCD  ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCD  ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCD  ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCD  ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCD  ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI | | | | | | | | | | |
| Part IV | | Provision of Information | | | | | | | | |
| 11 Did the insurance company fail to provide any information necessary to complete Schedule A? | | | | | | | X Yes X No | | | |
| 12 If the answer to line 11 is “Yes,” specify the information not provided. ⏵  ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDEFGHI ABCDE | | | | | | | | | | |