

**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.

- ▶ **File as an attachment to Form 5500.**
- ▶ Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).

Official Use Only

OMB No. 1210-0110

**2006**

**This Form is Open to  
Public Inspection.**

For calendar plan year 2006  
or fiscal plan year beginning

MM / DD / YYYY

and ending

MM / DD / YYYY

**A** Name of plan

**B** Three-digit  
plan number ▶

□□□

**C** Plan sponsor's name as shown on line 2a of Form 5500

**D** Employer Identification Number

□□-□□□□□□

**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:

(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

MM / DD / YYYY

(g) To

MM / DD / YYYY

**2** Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commissions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.

**Totals**

Total amount of commissions paid

Total fees paid / amount

□□□□□□□□□□.00

□□□□□□□□□□.00





**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.

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

Grid for value entry ending in .00

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

Grid for value entry ending in .00

5 Contracts With Allocated Funds

a State the basis of premium rates

▶ Grid for basis of premium rates

b Premiums paid to carrier .....

Grid for premium amount ending in .00

c Premiums due but unpaid at the end of the year .....

Grid for premium amount ending in .00

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 .....

Grid for cost amount ending in .00

Specify nature of costs

▶ Grid for nature of costs

e Type of contract (1)  individual policies (2)  group deferred annuity

(3)  other (specify below)

▶ Grid for other contract type

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

FOR INFORMATION PURPOSES ONLY, DO NOT USE FOR FILING

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