

**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 <u>SCH_A_PLAN_YEAR_BEGIN_DATE</u> and ending <u>SCH_A_TAX_PRD</u>	
A Name of plan	B Three-digit plan number ► <u>SCH_A_PLAN_NUM</u>
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number <u>SCH_A_EIN</u>

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					
<u>INS_CARRIER_NAME</u>					
<u>INS_CARRIER_NAIC_CODE</u>					
(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
<u>INS_CARRIER_EIN</u>		<u>INS_CONTRACT_NUM</u>	<u>INS_PRSN_COVERED_EOY_CNT</u>	<u>INS_POLICY_FROM_DATE</u>	<u>INS_POLICY_TO_DATE</u>

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
<u>INS_BROKER_COMM_TOT_AMT</u>	<u>INS_BROKER_FEES_TOT_AMT</u>

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(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid			
<div>INS_BROKER_01_NAME INS_BROKER_01_STREET_ADDR INS_BROKER_01_CITY INS_BROKER_01_STATE INS_BROKER_01_ZIP_CODE</div>			
(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	
INS_BROKER_COMM_PD_01_AMT	INS_BROKER_FEES_PD_01_AMT	INS_BROKER_FEES_PD_01_TEXT	INS_BROKER_01_CODE
(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid			
(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	
(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid			
(b) Amount of commissions paid	Fees 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.

3	Current value of plan's interest under this contract in the general account at year end	PENSION_EOY_GEN_ACCT_AMT
4	Current value of plan's interest under this contract in separate accounts at year end	PENSION_EOY_SEP_ACCT_AMT
5	Contracts With Allocated Funds	
a	State the basis of premium rates ▶ PENSION_BASIS_RATES_TEXT	
b	Premiums paid to carrier	PENSION_PREM_PAID_TOT_AMT
c	Premiums due but unpaid at the end of the year	PENSION_UNPAID_PREMIUM_AMT
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.	PENSION_CONTRACT_COST_AMT
	Specify nature of costs ▶ PENSION_COST_TEXT	
e	Type of contract (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶ PENSION_OTH_ALLOC_TYPE_TEXT	PENSION_TYPE_ALLOC_CNTRCT_IND
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here	PNSNDISTRIB_BNFT_TERM_PLN_I
6	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 (specify below) PENSION_OTH_UNALLOC_TYPE_TEXT	PNSN_TYPE_UNALLOC_CNTRCT_I
b	Balance at the end of the previous year	PENSION_END_PREV_BAL_AMT
c	Additions: (1) Contributions deposited during the year	PENSION_CONTRIB_DEP_AMT
	(2) Dividends and credits	PENSION_DIVND_CR_DEP_AMT
	(3) Interest credited during the year	PENSION_INT_CR_DUR_YR_AMT
	(4) Transferred from separate account	PENSION_TRANSFER_FROM_AMT
	(5) Other (specify below)	PENSION_OTHER_AMT
	▶ PENSION_OTHER_TEXT	
	(6) Total additions	PENSION_TOT_ADDITIONS_AMT
d	Total of balance and additions (add b and c(6))	PENSION_TOT_BAL_ADDN_AMT
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	PENSION_BNFTS_DSBRSD_AMT
	(2) Administration charge made by carrier	PENSION_ADMIN_CHRG_AMT
	(3) Transferred to separate account	PENSION_TRANSFER_TO_AMT
	(4) Other (specify below)	PENSION_OTH_DED_AMT
	▶ PENSION_OTH_DED_TEXT	
	(5) Total deductions	PENSION_TOT_DED_AMT
f	Balance at the end of the current year (subtract e(5) from d)	PENSION_EOY_BAL_AMT

0 6 0 6 0 0 0 3 0 F



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 organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes on this report.

7 Benefit and contract type (check all applicable boxes) WLFR_TYPE_BNFT_IND			
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) WLFR_TYPE_BNFT_OTH_TEXT			
8 Experience-rated contracts			
a Premiums: (1) Amount received		WLFR_PREMIUM_RCVD_AMT	
(2) Increase (decrease) in amount due but unpaid		WLFR_UNPAID_DUE_AMT	
(3) Increase (decrease) in unearned premium reserve		WLFR_RESERVE_AMT	
(4) Earned ((1) + (2) - (3))		WLFR_TOT_EARNED_PREM_AMT	
b Benefit charges: (1) Claims paid		WLFR_CLAIMS_PAID_AMT	
(2) Increase (decrease) in claim reserves		WLFR_INCR_RESERVE_AMT	
(3) Incurred claims (add (1) and (2))		WLFR_INCURRED_CLAIM_AMT	
(4) Claims charged		WLFR_CLAIMS_CHRGD_AMT	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions		WLFR_RET_COMMISSIONS_AMT	
(B) Administrative service or other fees		WLFR_RET_ADMIN_AMT	
(C) Other specific acquisition costs		WLFR_RET_OTH_COST_AMT	
(D) Other expenses		WLFR_RET_OTH_EXPENSE_AMT	
(E) Taxes		WLFR_RET_TAXES_AMT	
(F) Charges for risks or other contingencies		WLFR_RET_CHARGES_AMT	
(G) Other retention charges		WLFR_RET_OTH_CHRG_AMT	
(H) Total retention		WLFR_RET_TOT_AMT	
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		WLFR_REFUND_AMT	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		WLFR_HELD_BNFTS_AMT	
(2) Claim reserves		WLFR_CLAIMS_RESERVE_AMT	
(3) Other reserves		WLFR_OTH_RESERVE_AMT	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)		WLFR_DIVNDS_DUE_AMT	
9 Nonexperience-rated contracts:			
a Total premiums or subscription charges paid to carrier		WLFR_TOT_CHARGES_PAID_AMT	
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, item 2 above, report amount		WLFR_ACQUIS_COST_AMT	
Specify nature of costs WLFR_ACQUIS_COST_TEXT			

