

<b>SCHEDULE A</b> <b>(Form 5500)</b> Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	<b>Insurance Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). <b>► File as an attachment to Form 5500.</b>  ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110  <hr/> <b>2010</b>  <hr/> <b>This Form is Open to Public Inspection</b>
For calendar plan year 2010 or fiscal plan year beginning <u>SCH_A_PLAN_YEAR_BEGIN_DATE</u> and ending <u>SCH_A_PLAN_YEAR_END_DATE</u>		
<b>A</b> Name of plan	<b>B</b> Three-digit plan number (PN) <u>SCH_A_PLAN_NUM</u>	
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500.	<b>D</b> Employer Identification Number (EIN) <u>SCH_A_EIN</u>	

<b>Part I</b>	<b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> 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.
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**1** Coverage Information:

<b>(a)</b> Name of insurance carrier <u>INS_CARRIER_NAME</u> <u>INS_CARRIER_NAIC_CODE</u> <u>INS_PRSN_COVERED_EOY_CNT</u>					
<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	Policy or contract year	
<u>INS_CARRIER_EIN</u>		<u>INS_CONTRACT_NUM</u>		<b>(f)</b> From	<b>(g)</b> To
				<u>INS_POLICY_FROM_DATE</u>	<u>INS_POLICY_TO_DATE</u>

**2** Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

<b>(a)</b> Total amount of commissions paid	<b>(b)</b> Total amount of fees paid
<u>INS_BROKER_COMM_TOT_AMT</u>	<u>INS_BROKER_FEES_TOT_AMT</u>

**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

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(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

ACK\_ID  
FORM\_ID  
Generated\_Variables  
ROW\_ORDER

Table: Efast\_09.F\_Sch\_A\_part1\_2009

ROW\_ORDER

(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

INS\_BROKER\_NAME

INS\_BROKER\_US\_ADDRESS1

INS\_BROKER\_US\_STATE

INS\_BROKER\_FOREIGN\_ADDRESS2

INS\_BROKER\_FOREIGN\_CNTRY

INS\_BROKER\_US\_ADDRESS2

INS\_BROKER\_US\_ZIP

INS\_BROKER\_FOREIGN\_CITY

INS\_BROKER\_FOREIGN\_POSTAL\_CD

INS\_BROKER\_US\_CITY

INS\_BROKER\_FOREIGN\_ADDRESS1

INS\_BROKER\_FOREIGN\_PROV\_STATE

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
INS_BROKER_COMM_PD_AMT	INS_BROKER_FEES_PD_AMT	INS_BROKER_FEES_PD_TEXT	INS_BROKER_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 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** PENSION\_EOY\_GEN\_ACCT\_AMT**5** Current value of plan's interest under this contract in separate accounts at year end ..... **5** PENSION\_EOY\_SEP\_ACCT\_AMT**6** 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**6b****c** Premiums due but unpaid at the end of the year ..... PENSION\_UNPAID\_PREMIUM\_AMT**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. .... PENSION\_CONTRACT\_COST\_AMT**6d**Specify nature of costs ▶ PENSION\_COST\_TEXTALLOC\_CONTRACTS\_INDIV\_IND**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity ALLOC\_CONTRACTS\_GROUP\_IND(3) ☐ other (specify) ▶ ALLOC\_CONTRACTS\_OTHER\_INDALLOC\_CONTRACTS\_OTHER\_TEXT**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐ PENS\_DISTR\_BNFT\_TERM\_PLN\_IND**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee UNAL\_CONTRAC\_IMM\_PART\_GUAR\_IND(3) ☐ guaranteed investment (4) ☐ other ▶ UNALLOC\_CONTRACTS\_OTHER\_INDUNAL\_CONTRACTS\_GUAR\_INVEST\_INDUNALLOC\_CONTRACTS\_OTHER\_TEXTUNALLOC\_CONTRACTS\_DEP\_ADM\_IND**b** Balance at the end of the previous year ..... PENSION\_END\_PREV\_BAL\_AMT**7b****c** Additions: (1) Contributions deposited during the year ..... **7c(1)** PENSION\_CONTRIB\_DEP\_AMT(2) Dividends and credits ..... **7c(2)** PENSION\_DIVND\_CR\_DEP\_AMT(3) Interest credited during the year ..... **7c(3)** PENSION\_INT\_CR\_DUR\_YR\_AMT(4) Transferred from separate account ..... **7c(4)** PENSION\_TRANSFER\_FROM\_AMT(5) Other (specify below) ..... **7c(5)** PENSION\_OTHER\_AMT▶ PENSION\_OTHER\_TEXT(6) Total additions ..... PENSION\_TOT\_ADDITIONS\_AMT**7c(6)****d** Total of balance and additions (add **b** and **c(6)**). .... PENSION\_TOT\_BAL\_ADDN\_AMT**7d****e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year ..... **7e(1)** PENSION\_BNFTS\_DSBRSD\_AMT(2) Administration charge made by carrier ..... **7e(2)** PENSION\_ADMIN\_CHRG\_AMT(3) Transferred to separate account ..... **7e(3)** PENSION\_TRANSFER\_TO\_AMT(4) Other (specify below) ..... **7e(4)** PENSION\_OTH\_DED\_AMT▶ PENSION\_OTH\_DED\_TEXT(5) Total deductions ..... **7e(5)** PENSION\_TOT\_DED\_AMT**f** Balance at the end of the current year (subtract **e(5)** from **d**) ..... **7f** PENSION\_EOY\_BAL\_AMT

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 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.

**a** ☐ Health (other than dental or vision)    
**b** ☐ Dental    
**c** ☐ Vision    
**d** ☐ Life insurance  
**e** ☐ Temporary disability (accident and sickness)    
**f** ☐ Long-term disability    
**g** ☐ Supplemental unemployment    
**h** ☐ Prescription drug  
**i** ☐ Stop loss (large deductible)    
**j** ☐ HMO contract    
**k** ☐ PPO contract    
**l** ☐ Indemnity contract  
**m** ☐ Other (specify) ▶ WFLR TYPE BNFT OTH TEXT

<b>a</b>	Premiums: (1) Amount received.....	<b>9a(1)</b>	WLFR_PREMIUM_RCVD_AMT		
	(2) Increase (decrease) in amount due but unpaid.....	<b>9a(2)</b>	WLFR_UNPAID_DUE_AMT		
	(3) Increase (decrease) in unearned premium reserve.....	<b>9a(3)</b>	WLFR_RESERVE_AMT		
	(4) Earned ((1) + (2) - (3)).....		WLFR_TOT_EARNED_PREM_A	<b>9a(4)</b>	
<b>b</b>	Benefit charges (1) Claims paid.....	<b>9b(1)</b>	WLFR_CLAIMS_PAID_AMT		
	(2) Increase (decrease) in claim reserves.....	<b>9b(2)</b>	WLFR_INCR_RESERVE_AMT		
	(3) Incurred claims (add (1) and (2)).....			<b>9b(3)</b>	WLFR_INCURRED_CLAIM_AMT
	(4) Claims charged.....			<b>9b(4)</b>	WLFR_CLAIMS_CHRGD_AMT
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --				
	(A) Commissions.....	<b>9c(1)(A)</b>	WLFR_RET_COMMISSIONS_AMT		
	(B) Administrative service or other fees.....	<b>9c(1)(B)</b>	WLFR_RET_ADMIN_AMT		
	(C) Other specific acquisition costs.....	<b>9c(1)(C)</b>	WLFR_RET_OTH_COST_AMT		
	(D) Other expenses.....	<b>9c(1)(D)</b>	WLFR_RET_OTH_EXPENSE_AMT		
	(E) Taxes.....	<b>9c(1)(E)</b>	WLFR_RET_TAXES_AMT		
	(F) Charges for risks or other contingencies.....	<b>9c(1)(F)</b>	WLFR_RET_CHARGES_AMT		
	(G) Other retention charges.....	<b>9c(1)(G)</b>	WLFR_RET_OTH_CHRGs_AMT		
	(H) Total retention.....		WLFR_REFUND_CASH_IND	WLFR_REFUND_CREDIT_IND	<b>9c(1)(H)</b> WLFR_RET_TOT_AMT
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.).....			<b>9c(2)</b>	WLFR_REFUND_AMT
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....			<b>9d(1)</b>	WLFR_HELD_BNFTS_AMT
	(2) Claim reserves.....			<b>9d(2)</b>	WLFR_CLAIMS_RESERVE_AMT
	(3) Other reserves.....			<b>9d(3)</b>	WLFR_OTH_RESERVE_AMT
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....			<b>9e</b>	WLFR_DIVNDS_DUE_AMT
	Nonexperience-rated contracts:				
<b>a</b>	Total premiums or subscription charges paid to carrier.....			<b>1</b>	WLFR_TOT_CHARGES_PAID_AMT
<b>b</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.....			<b>10b</b>	WLFR_ACQUIS_COST_AMT
	Specify nature of costs ▶		WLFR_ACQUIS_COST_TEXT		

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ..... ☐ Yes INS\_FAIL\_PROVIDE\_INFO\_IND

INS FAIL PROVIDE INFO TEXT

WLFR_BNFT_HEALTH_IND	WLFR_BNFT_LIFE_INSUR_IND	WLFR_BNFT_UNEMP_IN	WLFR_BNFT_HMO_IND
WLFR_BNFT_DENTAL_IND	WLFR_BNFT_TEMP_DISAB_IND	WLFR_BNFT_DRUG_IND	WLFR_BNFT_PPO_IND
WLFR_BNFT_VISION_IND	WLFR_BNFT_LONG_TERM_DISAB_IND	WLFR_BNFT_STOP_LOSS_IND	WLFR_BNFT_INDEMNITY_IND
			WLFR_BNFT_OTHER_IND