

Beginning in 2009, filing_id was replaced with ACK_ID

TABLE: Efast_&yr..F_sch_a_2009

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 2009 This Form is Open to Public Inspection
For calendar plan year 2009 or fiscal plan year beginning SCH_A_PLAN_YEAR_BEGIN_DATE and ending SCH_A_PLAN_YEAR_END_DATE		
A Name of plan INS_CARRIER_NAME		B Three-digit plan number (PN) ▶ SCH_A_PLAN_NUM
C Plan sponsor's name as shown on line 2a of Form 5500.		D Employer Identification Number (EIN) SCH_A_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.
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1 Coverage Information:

(a) Name of insurance carrier INS_CARRIER_NAME					
INS_CARRIER_NAIC_CODE		INS_PRSN_COVERED_EOY_CNT			
(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
INS_CARRIER_EIN		INS_CONTRACT_NUM		INS_POLICY_FROM_DATE	INS_POLICY_TO_DATE

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.

(a) Total amount of commissions paid	(b) Total amount of fees paid
INS_BROKER_COMM_TOT_AMT	INS_BROKER_FEES_TOT_AMT

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

[See Next Page](#)

(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	

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

Table: Efast_&yr..F_Sch_A_part1_2009

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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

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

Part III	Welfare Benefit Contract Information
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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.

8 Benefit and contract type (check all applicable boxes)

- 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) ▶ W/FR TYPE BNFT OTH TEXT

9 Experience-rated contracts:

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

Part IV	Provision of Information
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- 11** Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No INS_FAIL_PROVIDE_INFO_IND

INS FAIL PROVIDE INFO TEXT

WLFER BNFT HEALTH IND

WLFR BNFT LIFE INSUR IND

WLF R BNFT UNEMP IN

WLFR BNFT HMO IND

WLFR BNFT DENTAL IND

WI FR BNFT TEMP DISAB IND

WILFR BNFT DRUG IND

WLFR_BNFT_PPO_IND

WLFR_BNFT_VISION_IND

VLFR BNFT LONG TERM DISAB IND

WIFR_BNFT_STOP_LOSS_IND

WLFER BNFT INDEMNITY IND

	WLF	BNET	OTHER	IND
1980	67.0	1.0	1.0	1.0
1981	67.0	1.0	1.0	1.0
1982	67.0	1.0	1.0	1.0
1983	67.0	1.0	1.0	1.0
1984	67.0	1.0	1.0	1.0
1985	67.0	1.0	1.0	1.0
1986	67.0	1.0	1.0	1.0
1987	67.0	1.0	1.0	1.0
1988	67.0	1.0	1.0	1.0
1989	67.0	1.0	1.0	1.0
1990	67.0	1.0	1.0	1.0
1991	67.0	1.0	1.0	1.0
1992	67.0	1.0	1.0	1.0
1993	67.0	1.0	1.0	1.0
1994	67.0	1.0	1.0	1.0
1995	67.0	1.0	1.0	1.0
1996	67.0	1.0	1.0	1.0
1997	67.0	1.0	1.0	1.0
1998	67.0	1.0	1.0	1.0
1999	67.0	1.0	1.0	1.0
2000	67.0	1.0	1.0	1.0
2001	67.0	1.0	1.0	1.0
2002	67.0	1.0	1.0	1.0
2003	67.0	1.0	1.0	1.0
2004	67.0	1.0	1.0	1.0
2005	67.0	1.0	1.0	1.0
2006	67.0	1.0	1.0	1.0
2007	67.0	1.0	1.0	1.0
2008	67.0	1.0	1.0	1.0
2009	67.0	1.0	1.0	1.0
2010	67.0	1.0	1.0	1.0
2011	67.0	1.0	1.0	1.0
2012	67.0	1.0	1.0	1.0
2013	67.0	1.0	1.0	1.0
2014	67.0	1.0	1.0	1.0
2015	67.0	1.0	1.0	1.0
2016	67.0	1.0	1.0	1.0
2017	67.0	1.0	1.0	1.0
2018	67.0	1.0	1.0	1.0
2019	67.0	1.0	1.0	1.0
2020	67.0	1.0	1.0	1.0
2021	67.0	1.0	1.0	1.0
2022	67.0	1.0	1.0	1.0
2023	67.0	1.0	1.0	1.0
2024	67.0	1.0	1.0	1.0
2025	67.0	1.0	1.0	1.0
2026	67.0	1.0	1.0	1.0
2027	67.0	1.0	1.0	1.0
2028	67.0	1.0	1.0	1.0
2029	67.0	1.0	1.0	1.0
2030	67.0	1.0	1.0	1.0
2031	67.0	1.0	1.0	1.0
2032	67.0	1.0	1.0	1.0
2033	67.0	1.0	1.0	1.0
2034	67.0	1.0	1.0	1.0
2035	67.0	1.0	1.0	1.0
2036	67.0	1.0	1.0	1.0
2037	67.0	1.0	1.0	1.0
2038	67.0	1.0	1.0	1.0
2039	67.0	1.0	1.0	1.0
2040	67.0	1.0	1.0	1.0
2041	67.0	1.0	1.0	1.0
2042	67.0	1.0	1.0	1.0
2043	67.0	1.0	1.0	1.0
2044	67.0	1.0	1.0	1.0
2045	67.0	1.0	1.0	1.0
2046	67.0	1.0	1.0	1.0
2047	67.0	1.0	1.0	1.0
2048	67.0	1.0	1.0	1.0
2049	67.0	1.0	1.0	1.0
2050	67.0	1.0	1.0	1.0
2051	67.0	1.0	1.0	1.0
2052	67.0	1.0	1.0	1.0
2053	67.0	1.0	1.0	1.0
2054	67.0	1.0	1.0	1.0
2055	67.0	1.0	1.0	1.0
2056	67.0	1.0	1.0	1.0
2057	67.0	1.0	1.0	1.0
2058	67.0	1.0	1.0	1.0
2059	67.0	1.0	1.0	1.0
2060	67.0	1.0	1.0	1.0
2061	67.0	1.0	1.0	1.0
2062	67.0	1.0	1.0	1.0
2063	67.0	1.0	1.0	1.0
2064				