

**SCHEDULE A  
(Form 5500)**Department of the Treasury  
Internal Revenue ServiceDepartment 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

**2025****This Form is Open to Public  
Inspection**For calendar plan year 2025 or fiscal plan year beginning **SCH\_A\_PLAN\_YEAR\_BEGIN\_DATE** and ending **SCH\_A\_PLAN\_YEAR\_END\_DATE****A** Name of plan**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.**1 Coverage Information:****(a)** Name of insurance carrier **INS\_CARRIER\_NAME**

(b) EIN	(c) NAIC INS_CARRIER_NAIC_CODE	(d) Contract or identification number INS_CONTRACT_NUM	(e) Approximate number of persons covered at end of policy or contract year INS_PRSN_COVERED_EOY_CNT	Policy or contract year	
				(f) From INS_POLICY_FROM_DATE	(g) To INS_POLICY_TO_DATE
INS_CARRIER_EIN					

**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**INS\_BROKER\_COMM\_TOT\_AMT****(b)** Total amount of fees paid**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, see the Instructions for Form 5500.

Schedule A (Form 5500) 2025  
v. 250312

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

Table: Efast\_09.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\_ADDRESS

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
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	(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.

<b>4</b>	Current value of plan's interest under this contract in the general account at year end .....	PENSION_EOY_GEN_ACCT_AMT
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end .....	PENSION_EOY_SEP_ACCT_AMT
<b>6</b>	Contracts With Allocated Funds:	PENSION_BASIS_RATES_TEXT
<b>a</b>	State the basis of premium rates ▶	
<b>b</b>	Premiums paid to carrier .....	PENSION_PREM_PAID_TOT_AMT 6b
<b>c</b>	Premiums due but unpaid at the end of the year .....	PENSION_UNPAID_PREMIUM_AMT 6c
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in retention of the contract or policy, enter amount. ....	PENSION_CONTRACT_COST_AMT 6d
	Specify nature of costs ▶	PENSION_COST_TEXT
	ALLOC_CONTRACTS_INDIV_IND	
<b>e</b>	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	ALLOC_CONTRACTS_GROUP_IND
	ALLOC_CONTRACTS_OTHER_IND	ALLOC_CONTRACTS_OTHER_TEXT
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶	PENS_DISTR_BNFT_TERM_PLN_IND
<b>7</b>	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
<b>a</b>	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarant (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	UNAL_CONTRAC_IMM_PART_GUAR_IND
	UNAL_CONTRACTS_GUAR_INVEST_IND	UNALCONTRACTS_OTHER_IND
	UNALCONTRACTS_OTHER_TEXT	
<b>b</b>	Balance at the end of the previous year .....	PENSION_END_PREV_BAL_AMT
<b>c</b>	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
<b>d</b>	Total of balance and additions (add lines 7b and 7c(6)) .....	PENSION_TOT_BAL_ADDN_AMT
<b>e</b>	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	7e(1) PENSION_BNFTS_DBSRSD_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
<b>f</b>	Balance at the end of the current year (subtract line 7e(5) from line 7d) .....	7f PENSION_EOY_BAL_AMT

**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** ☐ 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) **WLFR\_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)) ..... **9** **WLFR\_TOT\_EARNED\_PREM\_AMT**  
**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)) ..... **9** **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\_CHRG\_AMT**  
(H) Total retention ..... **9c(1)(H)** **WLFR\_RET\_TOT\_AMT**  
(2) Dividends or retroactive rate refunds: (These amounts were ☐ paid in cash, or ☐ credited.) ..... **9c** **WLFR\_REFUND\_AMT**  
**d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement ..... **9d** **WLFR\_HELD\_BNFTS\_AMT**  
(2) Claim reserves ..... **9** **WLFR\_CLAIMS\_RESERVE\_AMT**  
(3) Other reserves ..... **9d** **WLFR\_OTH\_RESERVE\_AMT**  
**e** Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.) ..... **9e** **WLFR\_DIVNDS\_DUE\_AMT**

**10** 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, line 2 above, report amount. .... **10b** **WLFR\_ACQUIS\_COST\_AMT**  
Specify nature of costs. **WLFR\_ACQUIS\_COST\_TEXT**

**Part IV Provision of Information****INS\_FAIL\_PROVIDE\_INFO\_IND****11** Did the insurance company fail to provide any information necessary to complete Schedule A? ..... ☐ Yes ☐ No**12** If the answer to line 11 is "Yes," specify the information not provided. ▶**INS\_FAIL\_PROVIDE\_INFO\_TEXT****WLFR\_BNFT\_HEALTH\_IND****WLFR\_BNFT\_LIFE\_INSUR\_IND****WLFR\_BNFT\_UNEMP\_IND****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**