

Beginning in 2009, filing_id was replaced with ACK_ID

TABLE: Efast_09.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

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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))..... | | WLFR_TOT_EARNED_PREM_A | 9a(4) |
| 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..... | | WLFR_REFUND_CASH_IND | WLFR_REFUND_CREDIT_IND |
| | | 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

WLFR BNFT LONG TERM DISAB IND

WIFR_BNFT_STOP_LOSS_IND

WLFER BNFT INDEMNITY IND

	WLF	BNET	OTHER	IND
1980	76.0	1.0	1.0	22.0
1981	76.0	1.0	1.0	22.0
1982	76.0	1.0	1.0	22.0
1983	76.0	1.0	1.0	22.0
1984	76.0	1.0	1.0	22.0
1985	76.0	1.0	1.0	22.0
1986	76.0	1.0	1.0	22.0
1987	76.0	1.0	1.0	22.0
1988	76.0	1.0	1.0	22.0
1989	76.0	1.0	1.0	22.0
1990	76.0	1.0	1.0	22.0
1991	76.0	1.0	1.0	22.0
1992	76.0	1.0	1.0	22.0
1993	76.0	1.0	1.0	22.0
1994	76.0	1.0	1.0	22.0
1995	76.0	1.0	1.0	22.0
1996	76.0	1.0	1.0	22.0
1997	76.0	1.0	1.0	22.0
1998	76.0	1.0	1.0	22.0
1999	76.0	1.0	1.0	22.0
2000	76.0	1.0	1.0	22.0
2001	76.0	1.0	1.0	22.0
2002	76.0	1.0	1.0	22.0
2003	76.0	1.0	1.0	22.0
2004	76.0	1.0	1.0	22.0
2005	76.0	1.0	1.0	22.0
2006	76.0	1.0	1.0	22.0
2007	76.0	1.0	1.0	22.0
2008	76.0	1.0	1.0	22.0
2009	76.0	1.0	1.0	22.0
2010	76.0	1.0	1.0	22.0
2011	76.0	1.0	1.0	22.0
2012	76.0	1.0	1.0	22.0
2013	76.0	1.0	1.0	22.0
2014	76.0	1.0	1.0	22.0
2015	76.0	1.0	1.0	22.0
2016	76.0	1.0	1.0	22.0
2017	76.0	1.0	1.0	22.0
2018	76.0	1.0	1.0	22.0
2019	76.0	1.0	1.0	22.0
2020	76.0	1.0	1.0	22.0
2021	76.0	1.0	1.0	22.0
2022	76.0	1.0	1.0	22.0
2023	76.0	1.0	1.0	22.0
2024	76.0	1.0	1.0	22.0
2025	76.0	1.0	1.0	22.0
2026	76.0	1.0	1.0	22.0
2027	76.0	1.0	1.0	22.0
2028	76.0	1.0	1.0	22.0
2029	76.0	1.0	1.0	22.0
2030	76.0	1.0	1.0	22.0
2031	76.0	1.0	1.0	22.0
2032	76.0	1.0	1.0	22.0
2033	76.0	1.0	1.0	22.0
2034	76.0	1.0	1.0	22.0
2035	76.0	1.0	1.0	22.0
2036	76.0	1.0	1.0	22.0
2037	76.0	1.0	1.0	22.0
2038	76.0	1.0	1.0	22.0
2039	76.0	1.0	1.0	22.0
2040	76.0	1.0	1.0	22.0
2041	76.0	1.0	1.0	22.0
2042	76.0	1.0	1.0	22.0
2043	76.0	1.0	1.0	22.0
2044	76.0	1.0	1.0	22.0
2045	76.0	1.0	1.0	22.0
2046	76.0	1.0	1.0	22.0
2047	76.0	1.0	1.0	22.0
2048	76.0	1.0	1.0	22.0
2049	76.0	1.0	1.0	22.0
2050	76.0	1.0	1.0	22.0
2051	76.0	1.0	1.0	22.0
2052	76.0	1.0	1.0	22.0
2053	76.0	1.0	1.0	22.0
2054	76.0	1.0	1.0	22.0
2055	76.0	1.0	1.0	22.0
2056	76.0	1.0	1.0	22.0
2057	76.0	1.0	1.0	22.0
2058	76.0	1.0	1.0	22.0
2059	76.0	1.0	1.0	22.0
2060	76.0	1.0	1.0	22.0
2061	76.0	1.0	1.0	22.0
2062	76.0	1.0</		