Attention!

This form or schedule is provided for informational purposes and should not be reproduced on personal computer printers by individual taxpayers for filing.

Starting in late February 2001, the Internal Revenue Service will mail the annual Form 5500 and Form 5500-EZ packages to filers of record. Additional copies of these forms and schedules may also be obtained by calling 1-800-TAX-FORM (1-800-829-3676). Be sure to order using the IRS form number.

Check the Department of Labor's Web Site at www.efast.dol.gov for additional information concerning the ERISA Filing Acceptance System (EFAST), electronic filing, approved software vendors, and telephone assistance.

SCHEDULE A (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Pension and Welfare Benefits Administration

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

This Form is Open to **Public Inspection.**

Pension B	Benefit Guaranty Corporation			- (/(/	
	dar plan year 2000 olan year beginning			and ending	MM (OD/YYYY
A Name	of plan			В	Three-digit plan number ▶
C Plan sp	ponsor's name as shown on	line 2a of Form 5500		D	Employer Identification Number
Part I					nmissions cts grouped as a unit in Parts II and III
1 Cove	rage:			O	
(a) Name	e of insurance carrier		40)	
			(SV)		
			CY		
(b) EIN			(c) NAIC code		
(d) Contra	act or identification number				
(e) Appro	eximate number of persons co	vered at end of policy or contra	act year		
Policy or co	ontract year (f) From	CMM/DD/		(g) To	
2 Insura	ance fees and commission	is paid to agents, brokers, a	and other person	ıs:	
Totals	Total amount of co	mmissions paid		Total fees pa	aid / amount
For Paperw	work Reduction Act Notice an	d OMB Control Numbers, see t	he instructions for	Form 5500. Ca	at. No. 13505I Schedule A (Form 5500) 2000
		0500	0 0 0 1	1 0 6	



Schedule	Α	(Form	5500)	2000

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(a)	Name and address of the agents, brokers or oth	ner persons to w	nom commissions or fees	were paid			CA
					Zip Gode		
(b)	Amount of commissions paid	(c)	Fees paid / Amount			(e)	Organization code
(d)	Fees paid / Purpose				4,		
				.0			
(a)	Name and address of the agents, brokers or oth	ner persons to w	nom commissions or fees	s were paid			
			, Ç				
			- SV				
(b)	Amount of commissions paid	(c)	Fees paid / Amount			(e)	Organization code
<i>(</i> 1)		.00					
(d)	Fees paid / Purpose						
(a)	Name and address of the agents, brokers or oth	ner persons to w	nom commissions or fees	s were paid			
(4)	Name 43			, were para			
	Street Address						
	City						
(b)	Amount of commissions paid	(c)	Fees paid / Amount			(e)	Organization code
(d)	Fees paid / Purpose						
	3						
	4						



	l	Schedule A (Form 5500) 2000		Page 3		
					Official Use Only	
Pa	art II	Investment and Annuity Contract Information Where individual contracts are provided, the entire a unit for purposes of this report.	on group of such individu	ual contracts with each	carrier may be treated a	ıs
3	Current	t value of plan's interest under this contract in the general	account at year end			
4	Current	t value of plan's interest under this contract in separate acc	counts at year end)	
5	Contrac	cts With Allocated Funds		S		
а	State th	he basis of premium rates				
•				25		
b	Premiu	ms paid to carrier	700			
С	Premiu	ms due but unpaid at the end of the year				
d	specific	arrier, service, or other organization incurred any costs in connection with the acquisition or retention contract or policy, enter amount				
	Specify	nature of costs				
•						
е	Type o	f contract (1) individual policies	(2) gro	oup deferred annuity		
	(3)	other (specify below)				



f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here

Schedule	Α	(Form	5500)	2000

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(1)	deposit administration	(2)	immediate participation guarantee	(3)	guaranteed in	nvestment	
(4)	other (specify below)				<		
					(0),		
					X		
Bala	ance at the end of the previous year	ar					
Add (1)	itions: Contributions deposited during th	e vear					
., 2)	Dividends and credits			10			
3)	Interest credited during the year						
4)	Transferred from separate accour		125				
(5)	Other (specify below)						
			C)				
			150				
(6)	Total additions						
[ota	l of balance and additions (add b	and c (6))	00				
	uctions:						
1)	Disbursed from fund to pay bene purchase annuities during year						
2)	Administration charge made by c	arrier					
(3)	Transferred to separate account.)					
<i>(</i> 4)	Other (specify below)						
,							
	C						
5)	Total deductions						
Rala	ance at the end of the current year	(subtract e (5	5) from d)				
		` `	,				

Schedule A	(Form	5500)	2000	
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Part III	Welfare	Benefit	Contract	Information
all the	WCHAIC	DCITCIL	Contract	minomination

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 of this report.

7	Benefit and	contract typ	a (chack al	Lannlicable	hovae)

(a)	Health (other than dental or vision)	(b)	Dental		(c)	Vision	(d)	Life Insurance
(e)	Temporary disability (accident and sickness)	(f)	Long-ter	rm disability	(g)	Supplemental unemployment	(h)	Prescription drug
(i)	Stop loss (large deductible)	(j)	НМО со	ontract	(k)	PPO contract	(I)	Indemnity contract
(m)	Other (specify below)					_		

8 Experience-rated contracts

а	Prei	mums:
	(1)	Amount received

(2)	Increase (decrease)	
	in amount due but unpaid	I Ca
		A /

(3)	Increase (decrease) in	
	unearned premium reserve	ZYLLALLALLALLA

h	Renefit	charges:	

	ont onal gool			
(1)	Claims paid			

(2)	Increase (decrease) in claim res	serves			

(3) Incurred claims (add (1) and (2))

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С	Ren	nainder of premium:					Ch	
	(1)	Retention charges (on an accrual basis)						
		(A) Commissions					4	
		(B) Administrative service or other fees					HO INC	
		(C) Other specific acquisition costs			000	Q.		
		(D) Other expenses			.00	0		
		(E) Taxes			7,00			
		(F) Charges for risks or other contingencies			27.00			
		(G) Other retention charges						
		(H) Total retention		E F				
	(2)	Dividends or retroactive rate refunds.		0				
		(These amounts were 1) paid in cash, or 2)	credited.)	5				
d	Stat	us of policyholder reserves at end of year:	40					
		Amount held to provide benefits after retirement						
			O,					
	(2)	Claim reserves	,69					
	(3)	Other reserves						
е		dends or retroactive rate refunds due. not include amount entered in c(2).)						
		2 2.						
)	Non	experience-rated contracts:						
а	Tota	Il premiums or subscription charges paid to carrier						
b	If th	e carrier, service, or other organization incurred any specifi	c costs					
	in c	onnection with the acquisition or retention of the contract or er than reported in Part I, item 2 above, report amount	r policy,					
		cify nature of costs below						
		,0						
	4	× ·						

