## Attention:

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

The Form 5500-series of forms and schedules is printed on special paper with dropout ink so it can be processed by the computerized processing system "EFAST." The Forms 5500 and 5500-EZ (and related schedules) may 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 website at <a href="http://www.efast.dol.gov">http://www.efast.dol.gov</a> for additional information concerning the processing system, electronic filing, software, and "non-standard" filings.

## 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.

▶ 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

2003

This Form is Open to Public Inspection.

	,									
	calendar plan year fiscal plan year begir					and ending	MIN	ADD		
Α	Name of plan						B Three-d			
С	Plan sponsor's name	as shown on line	2a of Form 5	5500			D Employ	er Identifica	tion Numbe	er
P	Provide info	n Concerning rmation for each rted on a single	contract on	a separa					in Parts I	l and III
1	Coverage:					0				
(a)	Name of insurance ca	arrier								
					O					
	EIN Contract or identificat	ion number		C)	(c) NAIC o	ode				
(e)	Approximate number	of persons covere	ed at end of po	olicy or con	tract year					
Poli	cy or contract year	(f) From	MM /			<b>(g)</b> To				
2	Insurance fees and below and list age the following page	ents, brokers and								
To	tals Total	amount of commi	ssions paid			Total fee:	s paid / amoun	t		
For	Paperwork Reduction	Act Notice and O	MB Control No	umbers, see	e the instruction	s for Form 5500.	Cat. No. 1350	5I <b>Schedul</b> e	e A (Form 5	500) 2003
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(a)	Name and address of the agents, brokers or other pe	ersons to w	hom commissions or fees	were paid			
						L	37
						3	
					Zip Gode	ς-	
(b)	Amount of commissions paid	(c)	Fees paid / Amount			(e)	Organization code
(d)	Fees paid / Purpose				4.		
(a)	Name and address of the agents, brokers or other pe	ersons to w	hom commissions or fees	were paid			
(b)	Amount of commissions paid		Fees paid / Amount			(e)	Organization code
(d)	Fees paid / Purpose	.00					
		5					
(a)	Name and address of the agents, brokers or other pe	ersons to w	whom commissions or fees	were paid			
	Name						
	Stree: Address						
	Ciy						
(b)	Amount of commissions paid		Fees paid / Amount			(e)	Organization code
(d)	Fees paid / Purpose						
	2, 1111						
	1						
	<b>C</b>						



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		,	•						Official Use Only	/
Pa	art II	Investment and Where individual co a unit for purposes	ontracts are provid			ividual cont	racts with ea	ach carrier	may be trea	ated as
3	Curren	value of plan's intere	st under this contrac	ct in the general acc	count at year end			0-		
4	Curren	value of plan's intere	st under this contrac	ct in separate accou	nts at year end		S.	0		
5	Contrac	cts With Allocated Fun	ds				5			
а	State th	ne basis of premium ra	ates							
•						45				
b	Premiu	ms paid to carrier								
					40					
С	Premiu	ms due but unpaid at	the end of the year							
d	specific	arrier, service, or other costs in connection was	ith the acquisition o	or retention	0,					
		nature of costs		65	,					
•										
е	Type o	f contract (1)	individual poli	icies	(2)	group defe	erred annuity			
	(3)	other (specify be	elow)							
•										
f	If contr	act purchased, in who	le or in part, to distr	ribute benefits from	a terminating plar	n check here	e <b>&gt;</b>			

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â a		racts With Unallocated Funds (Do not include portions of these of contract	e contracts maintained in separa	te accounts)	.(	3
	(1)	deposit administration (2) immediate par	ticipation guarantee (3	guara	nteed investment	
	(4)	other (specify below)				
<b>•</b>					a Pill	
b	Bala	nce at the end of the previous year		2		
С		tions:  Contributions deposited during the year		00		
	(2)	Dividends and credits		.00		
	(3)	Interest credited during the year				
	(4)	Transferred from separate account	45			
	(5)	Other (specify below)				
			2			
			5			
	(6)	Total additions				
		203				
		of balance and additions (add ${\bf b}$ and ${\bf c}(6)$ )uctions:				
	(1)	Disbursed from fund to pay benefits or purchase annuities during year				
	(2)	Administration charge made by carrier				
	(3)	Transferred to separate account				
	(4)	Other (specify below)				
•						
	(5)	Total deductions				
		St.				
f	Bala	nce at the end of the current year (subtract e(5) from d)				
		0 5 0 3	0 0 0 4 0 C			
			48111 88111 88111 81811 8818 <b>1</b> 1 11			

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Part III Welfare Benefit Contract Info	format	tion
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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 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	Ben	nefit and contract type (check all ap	oplicable box	res)				<b>K</b> *	
(	a)	Health (other than dental or vision)	(b)	Dental	(c)	Vision	(d)	Life Insurar	nce
(	e)	Temporary disability (accident and sickness)	(f)	Long-term disabili	ty <b>(g)</b>	Supplemental unemployment	(h)	Prescription	n drug
	(i)	Stop loss (large deductible)	) <b>(j)</b>	HMO contract	(k)	PPO contract	(1)	Indemnity of	contract
(1	n)	Other (specify below)				Á			
•						SELLI			
8	Ехр	perience-rated contracts			10				
а	Prer	miums: Amount received							
	(2)	Increase (decrease) in amount due but unpaid							
	(3)	Increase (decrease) in unearned premium reserve							
	(4)	Earned ((1) + (2) - (3))		<u> </u>					
b	Ben	nefit charges:							
	(1)	Claims paid	8						
	(2)	Increase (decrease) in claim rese	erves						
	(3)	Incurred claims (add (1) and (2))							
	(4)								

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8 c	Ren	nainder of premium:	
	(1)	Retention charges (on an accrual basis)	
		(A) Commissions	
		nainder of premium:  Retention charges (on an accrual basis)  (A) Commissions	
		(C) Other specific acquisition costs	
		(D) Other expenses	
		(E) Taxes	
		(F) Charges for risks or other contingencies	
		(G) Other retention charges	
		(H) Total retention	
	(2)	Dividends or retroactive rate refunds.	
		(These amounts were 1) paid in cash, or 2) credited.)	
d	Stat	rus of policyholder reserves at end of year:	
		Amount held to provide benefits after retirement	
	(2)		
	(2)	Claim reserves	
	(3)	Other reserves	
е		dends or retroactive rate refunds due.	
	(Do	not include amount entered in c(2).)	
9	Non	nexperience-rated contracts:	
а	Tota	al premiums or subscription charges paid to carrier	
b		e carrier, service, or other organization incurred any specific costs	
		onnection with the acquisition or retention of the contract or policy, er than reported in Part I, item 2 above, report amount	
		cify nature of costs below	
		,0`	