
Attention:

- Telephone requests for the 2005 Form 5500-series forms, schedules and instructions will not be filled until December 1, 2005.
- Requests for the 2005 Form 5500-series products can be made on the Internet (see below) beginning December 1, 2005. Requests made prior to that date will be filled with the 2004 version of the products.

The product you are about to view is provided for information purposes and should not be reproduced on personal computer printers by individual taxpayers for filing.

The Forms 5500 and 5500-EZ (and related schedules) are printed on special paper with dropout ink so they can be processed by the computerized processing system "EFAST." These forms and schedules may be obtained by calling 1-800-TAX-FORM (1-800-829-3676). Be sure to order using the IRS form number.

Note: You can also use the Internet link <http://www.irs.gov/formspubs/index.html> to request a *limited* number of these forms and schedules. If you use this link, select "Order:" and "Forms and publications by U.S. mail."

Check the Department of Labor's website at www.efast.dol.gov 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

2005

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

For calendar plan year 2005
or fiscal plan year beginning

MM / DD / YYYY

and ending

MM / DD / YYYY

A Name of plan

B Three-digit
plan number ▶

□□□

C Plan sponsor's name as shown on line 2a of Form 5500

D Employer Identification Number

□□ - □□□□□□

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:

(a) Name of insurance carrier

□□□□□□□□□□□□□□□□
□□□□□□□□□□□□□□□□

(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

MM / DD / YYYY

(g) To

MM / DD / YYYY

2 Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commissions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.

Totals

Total amount of commissions paid

Total fees paid / amount

□□□□□□□□□□.00

□□□□□□□□□□.00

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. Cat. No. 135051 Schedule A (Form 5500) 2005

0 5 0 5 A A 0 1 0 V



(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

Name									
Street Address									
City					State		Zip Code		

(b) Amount of commissions paid

										.00	
--	--	--	--	--	--	--	--	--	--	-----	--

(c) Fees paid / Amount

										.00	
--	--	--	--	--	--	--	--	--	--	-----	--

(e) Organization code

--	--	--	--	--	--	--	--	--	--

(d) Fees paid / Purpose

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

Name									
Street Address									
City					State		Zip Code		

(b) Amount of commissions paid

										.00	
--	--	--	--	--	--	--	--	--	--	-----	--

(c) Fees paid / Amount

										.00	
--	--	--	--	--	--	--	--	--	--	-----	--

(e) Organization code

--	--	--	--	--	--	--	--	--	--

(d) Fees paid / Purpose

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

Name									
Street Address									
City					State		Zip Code		

(b) Amount of commissions paid

										.00	
--	--	--	--	--	--	--	--	--	--	-----	--

(c) Fees paid / Amount

										.00	
--	--	--	--	--	--	--	--	--	--	-----	--

(e) Organization code

--	--	--	--	--	--	--	--	--	--

(d) Fees paid / Purpose

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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.

3 Current value of plan's interest under this contract in the general account at year end .00

4 Current value of plan's interest under this contract in separate accounts at year end .00

5 Contracts With Allocated Funds

a State the basis of premium rates

▶

b Premiums paid to carrier00

c Premiums due but unpaid at the end of the year00

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 amount00

Specify nature of costs

▶

e Type of contract (1) individual policies (2) group deferred annuity

(3) other (specify below)

▶

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

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0 5 0 5 A A 0 3 0 X



