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.

<u>Note</u>: 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 "nonstandard" 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.

	calendar plan year 2005 iscal plan year beginning	M/DD/YY	YY and e	ending MM () M / YYYY
Α	Name of plan			B Three-digit plan number ▶
С	Plan sponsor's name as shown on line 2a	of Form 5500		D Employer Identification Number
Pa	Provide information for each contain the contained information for each contain the contained in the contain	ontract on a separate Scl		and Commissions al contracts grouped as a unit in Parts II and III
1	Coverage:		0	
(a)	Name of insurance carrier		0	
	EIN Contract or identification number		c) NAIC code	
(e)	Approximate number of persons covered a	at end of policy or contract y		
Poli	cy or contract year (f) From		(g	j) To MM / DD / YYYY
2				ter the total fees and total commissions er of the amount paid in the items on
Tot	Total amount of commissi	ons paid	Tot	tal fees paid / amount
				.00
For	Paperwork Reduction Act Notice and OMB	Control Numbers, see the i	nstructions for Form A 0 1 0	5500. Cat. No. 135051 Schedule A (Form 5500) 200

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(a)	Name and address of the agents, brokers or oth	her persons to whom commissions of	or fees were paid		
					9
				Zip Code	-
(b)	Amount of commissions paid	(c) Fees paid / Amoun	t	(6	e) Organization code
		.00		S -100	code
(d)	Fees paid / Purpose			10	
(a)	Name and address of the agents, brokers or other	her persons to whom commissions of	or fees were paid		
				Zip Code	-
b)	Amount of commissions paid	(c) Fees paid / Amoun	t	(e)	Organization code
		.00		.00	
(d)	Fees paid / Purpose				
a)	Name and address of the agents, brokers or other	her persons to whom commissions of	or fees were paid		
	Na me				
	Street Address				
	Cily			Zip Code	
(b)	Amount of commissions paid	(c) Fees paid / Amoun	ı	(e)	Organization code
		00		.00	code
d)	Fees paid / Purpose				



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i age	•

				Official Use Only
Pa	art II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual unit for purposes of this report.	vidual contracts with each car	rier may be treated as
3	Curren	t value of plan's interest under this contract in the general account at year end		C
4	Curren	t value of plan's interest under this contract in separate accounts at year end		
5	Contra	cts With Allocated Funds	COV	
		the basis of premium rates		
			~	
•	. [O	
h	Premi	ms paid to carrier		
~	1 1011110	pag 15 same		
		4,		
С	Premiu	ms due but unpaid at the end of the year		.00
d	specific of the	arrier, service, or other organization incurred any costs in connection with the acquisition or retention contract or policy, enter amount		.00
•	. [
е	Type o	f contract (1) individual policies (2)	group deferred annuity	
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		greek server amony	
	(3)	other (specify below)		
•	Γ			
f	If conti	ract purchased, in whole or in part, to distribute benefits from a terminating plan	check here	
		· OF		
		X		

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(1)	deposit administration	(2) immediate participation guarantee	(3) guaranteed investment	
(4)	other (specify below)			
•				
			No.	
Bala	ance at the end of the previous year			0
	litions:			
(1)	Contributions deposited during the year			
(2)	Dividends and credits		00	
(3)	Interest credited during the year		00	
(4)	Transferred from separate account			
(5)	Other (specify below)		.00	
•				
		is in the second		
(6)	Total additions			0
l Tota	al of balance and additions (add b and	1 c (6))		
Dec	luctions:			
(1)	Disbursed from fund to pay benefits purchase annuities during year		00	
(2)	Administration charge made by carri	er	.00	
(3)	Transferred to separate account		00	
(4)	Other (specify below)		00	
•				
(5)	Total deductions			
,	40			
Bala	ance at the end of the current year (su	ubtract e (5) from d)		.0
		0 5 0 5 A A 0 4 (0 Y	

edule A (Form 5500) 2005	Page 5
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	141-16	D C'4	A ((1
art III	weitare	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 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	efit and contract type (check all app	icable boxe	es)					
((a)	Health (other than dental or vision)	(b)	Dental	(c)	Vision	(d)	Life Insuran	ce
((e)	Temporary disability (accident and sickness)	(f)	Long-term disability	(g)	Supplemental unemploymen	(h)	Prescription	drug
	(i)	Stop loss (large deductible)	(j)	HMO contract	(k)	PPO contract	(I)	Indemnity co	ontract
(ı	m)	Other (specify below)				139			
>						(P)			
В	Exp	erience-rated contracts			00	*			
а	Prer	niums: Amount received					00		
	(2)	Increase (decrease) in amount due but unpaid		9			.00		
	(3)	Increase (decrease) in unearned premium reserve		8			00		
	(4)	Earned ((1) + (2) - (3))		<i>\$</i> -`					_00
b		efit charges: Claims paid	9,				.00		
	(2)	Increase (decrease) in claim reserv	es				00		
	(3)	Incurred claims (add (1) and (2))							_00
	(4)	Claims charged							_00

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8 c	Rem	nainder of premium:	
	(1)	Retention charges (on an accrual basis)	
		(A) Commissions	
		(B) Administrative service or other fees (C) Other specific acquisition costs	
		(B) Administrative service or other fees	
		(C) Other engelific acquisition costs	
		(C) Other specific acquisition costs	
		(D) Other expenses	
		(E) Taxes	
		(L) Taxes	
		(F) Charges for risks or other contingencies	
		(G) Other retention charges	
		A	
		(H) Total retention	.00
	(2)	Dividends or retroactive rate refunds.	
		(These amounts were 1) paid in cash, or 2) credited.)	. 00
	01-1	and the Market M	
a		tus of policyholder reserves at end of year:	
	(1)	Amount held to provide benefits after retirement	
	(2)	Claim reserves	
	()		
	(3)	Other reserves	.00
е		dends or retroactive rate refunds due.	
	(Do	not include amount entered in c(2).)	.00
9	Non	nexperience-rated contracts:	
а	Tota	al premiums or subscription charges paid to carrier	
-	1014	a promitante or cubsorption charges para to carrier	
	16.41-		
D	in co	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	