

## **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 <http://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

**2003**

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

For calendar plan year 2003  
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) 2003



(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

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(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

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(d) Fees paid / Purpose


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