

<b>SCHEDULE A</b> <b>(Form 5500)</b> Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	<b>Insurance Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). <b>► File as an attachment to Form 5500.</b>  ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110  <hr/> <b>2011</b>  <hr/> <b>This Form is Open to Public Inspection</b>
For calendar plan year 2011 or fiscal plan year beginning <span style="border: 1px solid black; padding: 2px;">SCH_A_PLAN_YEAR_BEGIN_DATE</span> and ending <span style="border: 1px solid black; padding: 2px;">SCH_A_PLAN_YEAR_END_DATE</span>		
<b>A</b> Name of plan	<b>B</b> Three-digit plan number (PN) <span style="border: 1px solid black; padding: 2px;">SCH_A_PLAN_NUM</span>	
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500	<b>D</b> Employer Identification Number (EIN) <span style="border: 1px solid black; padding: 2px;">SCH_A_EIN</span>	

<b>Part I</b>	<b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> 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.
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**1** Coverage Information:

(a) Name of insurance carrier <span style="border: 1px solid black; padding: 2px;">INS_CARRIER_NAME</span>		<span style="border: 1px solid black; padding: 2px;">INS_PRSN_COVERED_EOY_CNT</span>	
<span style="border: 1px solid black; padding: 2px;">INS_CARRIER_NAIC_CODE</span>			
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year
<span style="border: 1px solid black; padding: 2px;">INS_CARRIER_EIN</span>		<span style="border: 1px solid black; padding: 2px;">INS_CONTRACT_NUM</span>	
		(f) From	(g) To
		<span style="border: 1px solid black; padding: 2px;">INS_POLICY_FROM_DATE</span>	<span style="border: 1px solid black; padding: 2px;">INS_POLICY_TO_DATE</span>

**2** Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
<span style="border: 1px solid black; padding: 2px;">INS_BROKER_COMM_TOT_AMT</span>	<span style="border: 1px solid black; padding: 2px;">INS_BROKER_FEES_TOT_AMT</span>

**3** Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

## (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

## (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

INS_BROKER_NAME	INS_BROKER_US_ADDRESS1	INS_BROKER_US_STATE	INS_BROKER_FOREIGN_ADDRESS2
INS_BROKER_FOREIGN_CNTRY	INS_BROKER_US_ADDRESS2	INS_BROKER_US_ZIP	INS_BROKER_FOREIGN_CITY
INS_BROKER_FOREIGN_POSTAL_CD	INS_BROKER_US_CITY	INS_BROKER_FOREIGN_ADDRESS1	INS_BROKER_FOREIGN_PROV_STATE

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
INS_BROKER_COMM_PD_AMT	INS_BROKER_FEES_PD_AMT	INS_BROKER_FEES_PD_TEXT	INS_BROKER_CODE

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

**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.

<b>4</b>	Current value of plan's interest under this contract in the general account at year end .....	<b>PENSION_EOY_GEN_ACCT_AMT</b>
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end .....	<b>PENSION_EOY_SEP_ACCT_AMT</b>
<b>6</b>	Contracts With Allocated Funds:	
<b>a</b>	State the basis of premium rates ▶ <b>PENSION_BASIS_RATES_TEXT</b>	
<b>b</b>	Premiums paid to carrier ..... <b>PENSION_PREM_PAID_TOT_AMT</b>	<b>6b</b>
<b>c</b>	Premiums due but unpaid at the end of the year ..... <b>PENSION_UNPAID_PREMIUM_AMT</b>	<b>6c</b>
<b>d</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... <b>PENSION_CONTRACT_COST_AMT</b>	<b>6d</b>
	Specify nature of costs ▶ <b>PENSION_COST_TEXT</b>	
	<b>ALLOC_CONTRACTS_INDIV_IND</b>	
<b>e</b>	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity <b>ALLOC_CONTRACTS_GROUP_IND</b>	
	(3) <input type="checkbox"/> other (specify) ▶ <b>ALLOC_CONTRACTS_OTHER_TEXT</b>	
	<b>ALLOC_CONTRACTS_OTHER_IND</b>	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ <input type="checkbox"/> <b>PENS_DISTR_BNFT_TERM_PLN_IND</b>	
<b>7</b>	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
<b>a</b>	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee <b>UNAL_CONTRAC_IMM_PART_GUAR_IND</b>	
	(3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶ <b>UNALLOC_CONTRACTS_OTHER_IND</b>	
	<b>UNAL_CONTRACTS_GUAR_INVEST_IND</b>	
	<b>UNALLOC_CONTRACTS_DEP_ADM_IND</b>	
<b>b</b>	Balance at the end of the previous year ..... <b>PENSION_END_PREV_BAL_AMT</b>	<b>7b</b>
<b>c</b>	Additions: (1) Contributions deposited during the year ..... <b>7c(1)</b> <b>PENSION_CONTRIB_DEP_AMT</b>	
	(2) Dividends and credits ..... <b>7c(2)</b> <b>PENSION_DIVND_CR_DEP_AMT</b>	
	(3) Interest credited during the year ..... <b>7c(3)</b> <b>PENSION_INT_CR_DUR_YR_AMT</b>	
	(4) Transferred from separate account ..... <b>7c(4)</b> <b>PENSION_TRANSFER_FROM_AMT</b>	
	(5) Other (specify below) ..... <b>7c(5)</b> <b>PENSION_OTHER_AMT</b>	
	▶ <b>PENSION_OTHER_TEXT</b>	
	(6) Total additions ..... <b>PENSION_TOT_ADDITIONS_AMT</b>	<b>7c(6)</b>
<b>d</b>	Total of balance and additions (add <b>b</b> and <b>c(6)</b> ) ..... <b>PENSION_TOT_BAL_ADDN_AMT</b>	<b>7d</b>
<b>e</b>	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year ..... <b>7e(1)</b> <b>PENSION_BNFTS_DSRSD_AMT</b>	
	(2) Administration charge made by carrier ..... <b>7e(2)</b> <b>PENSION_ADMIN_CHRG_AMT</b>	
	(3) Transferred to separate account ..... <b>7e(3)</b> <b>PENSION_TRANSFER_TO_AMT</b>	
	(4) Other (specify below) ..... <b>7e(4)</b> <b>PENSION_OTH_DED_AMT</b>	
	▶ <b>PENSION_OTH_DED_TEXT</b>	
	(5) Total deductions ..... <b>7e(5)</b> <b>PENSION_TOT_DED_AMT</b>	
<b>f</b>	Balance at the end of the current year (subtract <b>e(5)</b> from <b>d</b> ) ..... <b>7f</b>	<b>PENSION_EOY_BAL_AMT</b>

