

Attention!

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

Starting in late February 2001, the Internal Revenue Service will mail the annual Form 5500 and Form 5500-EZ packages to filers of record. Additional copies of these forms and schedules may also 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 Web Site at www.efast.dol.gov for additional information concerning the ERISA Filing Acceptance System (EFAST), electronic filing, approved software vendors, and telephone assistance.

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

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| Name | | | | | | | | | |
| Street Address | | | | | | | | | |
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(b) Amount of commissions paid

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(c) Fees paid / Amount

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(d) Fees paid / Purpose

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| Name | | | | | | | | | |
| Street Address | | | | | | | | | |
| City | | | | State | | Zip Code | | - | |

(b) Amount of commissions paid

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(c) Fees paid / Amount

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(d) Fees paid / Purpose

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| Name | | | | | | | | | |
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(b) Amount of commissions paid

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(c) Fees paid / Amount

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(e) Organization code

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(d) Fees paid / Purpose

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c Remainder of premium:

(1) Retention charges (on an accrual basis) --

(A) Commissions

(B) Administrative service or other fees

(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 Status of policyholder reserves at end of year:

(1) Amount held to provide benefits after retirement

(2) Claim reserves

(3) Other reserves

e Dividends or retroactive rate refunds due.

(Do not include amount entered in c(2).)

9 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier

b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.....

Specify nature of costs below

Table with 10 columns and 3 rows for reporting specific costs.



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