
Attention:

- Telephone requests for the forms, schedules, and instructions for the 2008 Form 5500-series will not be filled until December 10, 2008.
- Requests for the 2008 Form 5500-series products can be made on the Internet (see below) beginning December 10, 2008. Requests made prior to that date will be filled with the 2007 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 [Forms and Publications by U.S. Mail](#) to request a *limited* number of these forms and schedules.

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.

Note: There is no Schedule B (Form 5500) for filing 2008 plan year actuarial information. Instead, file the 2008 Schedule MB (Form 5500), Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information, or the Schedule SB (Form 5500), Single-Employer Defined Benefit Plan Actuarial Information, as applicable. For only plan year 2008 filings, paper Schedules MB and SB are provided in the format presented for completion by pen or typewriter.

(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	
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(e) Organization code

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Name																
Street Address																
City										State		Zip Code			-	

(b) Amount of commissions paid

										.00	
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(c) Fees paid / Amount

										.00	
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(e) Organization code

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(d) Fees paid / 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.

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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