Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

> ▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110 1210-0089

2009

| | , | | | | Inis Form is Open to Pub Inspection | lic | |
|-----------------|---|--|------------------------|-------------------------------|---|-------|--|
| Part I | Annual Report Iden | tification Information | | | • | | |
| For cale | ndar plan year 2009 or fiscal p | | | and ending 12/31/ | 2009 | | |
| A This | return/report is for: | a multiemployer plan; | a multiple | e-employer plan; or | | | |
| | | a single-employer plan; | a DFE (s | pecify) | | | |
| | | | | | | | |
| B This | return/report is: | the first return/report; | the final r | eturn/report; | | | |
| | | an amended return/report; | a short p | an year return/report (less t | han 12 months). | | |
| C If the | plan is a collectively-bargaine | ed plan, check here | | | | | |
| | k box if filing under: | Form 5558: | _ | extension; | the DFVC program; | | |
| - 0.100 | K DOX II IIIIII G GIIGOI. | special extension (enter des | | , | | | |
| Part | II Rasic Plan Inform | nation—enter all requested informa | | | | | |
| _ | ne of plan | iation—enter an requested informa | auori | | 1b Three-digit plan | | |
| | LLEGE OF IDAHO HEALTH | & WELFARE PLAN | | | number (PN) ▶ | 501 | |
| | | | | | 1c Effective date of plan | 1 | |
| 20.01 | | | | | 08/01/1988 | | |
| | n sponsor's name and address ress should include room or s | s (employer, if for a single-employer բ uite no.) | pian) | | 2b Employer Identification Number (EIN) | on | |
| ` | LLEGE OF IDAHO | | | | 82-0200906 | | |
| | | | | 2c Sponsor's telephone | | | |
| | | | | | number 208-459-5222 | | |
| | EVELAND BLVD. ELL, ID 83605-4432 | 2112 CLEVELAND BLVD. | | | 2d Business code (see | | |
| CALDWI | LLL, ID 03003-4432 | CALDWELL, ID 83605-4432 | | | instructions) | | |
| | | | | | 611000 | | |
| | | | | | | | |
| | | | | | | | |
| Caution | : A penalty for the late or in | complete filing of this return/repor | t will be assessed | unless reasonable cause i | s established. | | |
| | | enalties set forth in the instructions, I | | | | | |
| statemer | nts and attachments, as well a | as the electronic version of this return | n/report, and to the b | est of my knowledge and be | elief, it is true, correct, and comp | lete. | |
| | Eta disetto associazione di calletta la | and the state of the state of | 07/04/0040 | | | | |
| SIGN HERE | Filed with authorized/valid ele | ectronic signature. | 07/21/2010 | MARVIN HENBERG | | | |
| TIEKE | Signature of plan adminis | trator | Date | Enter name of individual s | signing as plan administrator | | |
| | | | | | | | |
| SIGN HERE | | | | | | | |
| TILINE | Signature of employer/pla | n sponsor | Date | Enter name of individual s | signing as employer or plan spor | nsor | |
| | | | | | | | |
| SIGN | | | | | | | |

Signature of DFE Date Enter name
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2009) v.092307.1

Enter name of individual signing as DFE

| | Form 5500 (2009) Page 2 | - | |
|----------|--|------------------|---|
| | Plan administrator's name and address (if same as plan sponsor, enter "Same") E COLLEGE OF IDAHO | | ministrator's EIN 0200906 |
| | 12 CLEVELAND BLVD. LDWELL, ID 83605-4432 | nu | ministrator's telephone mber 3-459-5222 |
| 4 | If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name the plan number from the last return/report: | e, EIN and | 4b EIN |
| а | Sponsor's name | | 4c PN |
| 5 | Total number of participants at the beginning of the plan year | 5 | 172 |
| 6 | Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d). | | |
| а | Active participants | 6a | 173 |
| b | Retired or separated participants receiving benefits | 6b | 2 |
| С | Other retired or separated participants entitled to future benefits | 6c | 0 |
| d | Subtotal. Add lines 6a, 6b, and 6c | 6d | 175 |
| е | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | 6e | |
| f | Total. Add lines 6d and 6e. | 6f | 175 |
| g | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | 6g | |
| h | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | 6h | |
| 7 | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item |) 7 | |
| | If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Co 4A 4B 4D 4H | | |
| 9a 10 | Plan funding arrangement (check all that apply) (1) Insurance (2) Code section 412(e)(3) insurance contracts (3) Trust (4) General assets of the sponsor Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the | (e)(3) insurance | |
| а | Pension Schedules (1) R (Retirement Plan Information) b General Schedules (1) H (Financial | Information) | |

(2)

(3) (4)

(5)

(6)

I (Financial Information – Small Plan)

G (Financial Transaction Schedules)

C (Service Provider Information)D (DFE/Participating Plan Information)

5 A (Insurance Information)

(2)

(3)

MB (Multiemployer Defined Benefit Plan and Certain Money

Purchase Plan Actuarial Information) - signed by the plan

SB (Single-Employer Defined Benefit Plan Actuarial

Information) - signed by the plan actuary

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

OMB No. 1210-0110

| Pension Benefit Guaranty Co | | pursuant to ERISA section 103(a)(2). | | | | Form is Open to Public Inspection | |
|--|--|---|--|-------------------------|-----------------------|--------------------------------------|-----------------------|
| For calendar plan year 200 | 09 or fiscal pla | an year beginning 01/01/2009 |) | and er | nding 12 | /31/2009 | |
| A Name of plan THE COLLEGE OF IDAH | O HEALTH & | WELFARE PLAN | | B Three plan | e-digit number (PI | N) • | 501 |
| | | | | | | | |
| C Plan sponsor's name a THE COLLEGE OF IDAH | | ne 2a of Form 5500. | | D Emplo 82-020 | | ation Number (| EIN) |
| | | ning Insurance Contract Individual contracts grouped a | | | | | |
| 1 Coverage Information: | | | | | | | |
| (a) Name of insurance ca | | RVICES, INC. | | | | | |
| (b) EIN | (c) NAIC | (d) Contract or | (e) Approximate no persons covered a | | | Policy or co | |
| (b) Liiv | code | identification number | | policy or contract year | | From | (g) To |
| 82-0344294 | 60095 | 10003736 | 36 | 382 01/01/2 | | 009 | 12/31/2009 |
| | 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 a | amount of con | nmissions paid | | (b) To | tal amount | of fees paid | |
| 0 | | 37302 | | | | | |
| 3 Persons receiving com | | fees. (Complete as many entrie | | | | | |
| MERCER HEALTH & BEI | | SUI | n, of other person to who N. 9TH STREET TE 410 SE, ID 83702 | m commiss | ions of fees | were paid | |
| (b) Amount of sales ar | nd base | Fe | ees and other commission | ns paid | | | |
| commissions pa | id | (c) Amount | | (d) Purpose | 9 | | (e) Organization code |
| 37302 | | | | | | | 3 |
| | (a) Name | and address of the agent, broke | r. or other person to who | m commiss | ions or fees | were paid | |
| | | | | | | | |
| (b) Amount of sales and base Fees and other commissions paid | | | | | | | |
| commissions pa | id | (c) Amount | | (d) Purpose | | | (e) Organization code |
| | | | | | | | |

| Schedule A (Form 5500) | 2009 | Page 2- 1 | Page 2- 1 | | | | |
|---|--|---|-----------------------|--|--|--|--|
| (a) Na | (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid | | | | | | |
| | | | | | | | |
| | | Fees and other commissions paid | | | | | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code | | | | |
| | | | | | | | |
| (a) Na | ame and address of the agent, bro | oker, or other person to whom commissions or fees were paid | d | | | | |
| | | | | | | | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization | | | | |
| commissions paid | (c) Amount | (d) Purpose | code | | | | |
| | | | | | | | |
| (a) Na | ame and address of the agent, bro | oker, or other person to whom commissions or fees were paid | d | | | | |
| | I | | | | | | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization | | | | |
| commissions paid | (c) Amount | (d) Purpose | code | | | | |
| (a) Na | ame and address of the agent, bro | oker, or other person to whom commissions or fees were pai | | | | | |
| (4) | nno ana adarese er me agent, er | oner, et euret person le miem commissione et lece were per | - | | | | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization | | | | |
| commissions paid | (c) Amount | (d) Purpose | code | | | | |
| | | | | | | | |
| (a) Na | ame and address of the agent, bro | oker, or other person to whom commissions or fees were paid | d | | | | |
| | | | | | | | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization | | | | |
| commissions paid | (c) Amount | (d) Purpose | code | | | | |
| | | | | | | | |

| Part II | | Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may this report. | | | be treated | d as a unit for purposes of |
|---------|-------|--|---------------|-------------------|------------|-----------------------------|
| 4 | Curre | ent value of plan's interest under this contract in the general account at year | end | | 4 | |
| | | ent value of plan's interest under this contract in separate accounts at year e | | 5 | | |
| _ | | racts With Allocated Funds: | | | | |
| - | а | State the basis of premium rates | | | | |
| | | | | | | |
| | b | Premiums paid to carrier | | | 6b | |
| | С | Premiums due but unpaid at the end of the year | | | 6c | |
| | d | If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount | | | 6d | |
| | | Specify nature of costs | | | | |
| | е | Type of contract: (1) individual policies (2) group deferred (3) other (specify) | d annuity | _ | | |
| | f | If contract purchased, in whole or in part, to distribute benefits from a termin | ating plan c | heck here | | |
| 7 | Cont | racts With Unallocated Funds (Do not include portions of these contracts ma | intained in s | eparate accounts) | | |
| | а | Type of contract: (1) | | ion guarantee | | |
| | b | Balance at the end of the previous year | | | . 7b | |
| | С | Additions: (1) Contributions deposited during the year | . 7c(1) | | | |
| | | (2) Dividends and credits | . 7c(2) | | | |
| | | (3) Interest credited during the year | 7c(3) | | | |
| | | (4) Transferred from separate account | . 7c(4) | | | |
| | | (5) Other (specify below) | 7c(5) | | | |
| | | • | | | | |
| | _ | (6)Total additions | | | 7c(6) | |
| | | Total of balance and additions (add b and c(6)) | | | . 7d | |
| | | Deductions: | | | | |
| | | | 7e(1) | | | |
| | | (2) Administration charge made by carrier | 7e(2) | | | |
| | | (3) Transferred to separate account | . 7e(3) | | | |
| | | (4) Other (specify below) | . 7e(4) | | | |
| | | > | | | | |
| | | (5) Total deductions | | | 7e(5) | |
| | f | Balance at the end of the current year (subtract e(5) from d) | | | 7f | |

| Ρ | aq | е | 4 |
|---|----|---|---|
| г | ay | E | 7 |

| Schedule A (I | Form 550 | 0) 2009 |
|---------------|----------|---------|
|---------------|----------|---------|

| Pa | art I | Welfare Benefit Contract Informat If more than one contract covers the same gr information may be combined for reporting pu the entire group of such individual contracts v | oup of employees of the surposes if such contracts | are experienc | ce-rated as a unit. Wh | ere contracts | |
|----|-------|---|--|---------------------|------------------------|---------------|----------------------|
| 8 | Ben | efit and contract type (check all applicable boxes) | | | | | |
| | а | Health (other than dental or vision) | b Dental | cX | Vision | (| d Life insurance |
| | е | Temporary disability (accident and sickness) | f Long-term disabili | ty g | Supplemental unemp | oloyment l | h Prescription drug |
| | i | Stop loss (large deductible) | j HMO contract | k | PPO contract | | I Indemnity contract |
| | m | Other (specify) | - L | _ | 1 | | |
| 9 | Ехр | erience-rated contracts: | | | | | |
| | • | Premiums: (1) Amount received | | 9a(1) | | 1254021 | |
| | | (2) Increase (decrease) in amount due but unpaid | l | 9a(2) | | 0 | |
| | | (3) Increase (decrease) in unearned premium res | erve | 9a(3) | | 0 | |
| | | (4) Earned ((1) + (2) - (3)) | | | | 9a(4) | 1254021 |
| | b | Benefit charges (1) Claims paid | | 9b(1) | | 808098 | |
| | | (2) Increase (decrease) in claim reserves | | 9b(2) | | 0 | |
| | | (3) Incurred claims (add (1) and (2)) | | | | 9b(3) | 808098 |
| | | (4) Claims charged | | | | 9b(4) | 808098 |
| | С | Remainder of premium: (1) Retention charges (o | n an accrual basis) | | | | |
| | | (A) Commissions | | 9c(1)(A) | | 37302 | |
| | | (B) Administrative service or other fees | | 9c(1)(B) | | 190110 | _ |
| | | (C) Other specific acquisition costs | | 9c(1)(C) | | 0 | _ |
| | | (D) Other expenses | | | | 0 | |
| | | (E) Taxes | | | | 0 | _ |
| | | (F) Charges for risks or other contingencies | | 9c(1)(F) | | 0 | |
| | | (G) Other retention charges | | 9c(1)(G) | | 0 | 0.07.110 |
| | | (H) Total retention | _ | _ | | 9c(1)(H) | 227412 |
| | | (2) Dividends or retroactive rate refunds. (These | amounts were paid in | cash, or | credited.) | 9c(2) | 0 |
| | d | Status of policyholder reserves at end of year: (1 |) Amount held to provide | benefits after | retirement | 9d(1) | 0 |
| | | (2) Claim reserves | | | | 9d(2) | 0 |
| | | (3) Other reserves | | | | 9d(3) | 0 |
| | е | Dividends or retroactive rate refunds due. (Do no | ot include amount entered | d in c(2) .) | | 9e | 0 |
| 10 |) No | nexperience-rated contracts: | | | | | |
| | a | Total premiums or subscription charges paid to c | | | | 10a | |
| | b | If the carrier, service, or other organization incurr retention of the contract or policy, other than repo | • • | | • | 10b | |
| | Sp | pecify nature of costs | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| Part IV | Provision of Information | | | |
|-----------|---|-----|------|--|
| 11 Did th | e insurance company fail to provide any information necessary to complete Schedule A? | Yes | X No | |

¹² If the answer to line 11 is "Yes," specify the information not provided.

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 (ERISA).

File as an attachment to Form 5500.

OMB No. 1210-0110

| , | Form is Open to Public Inspection | | | | | |
|--|--|----------------------------------|--|--------------------------|-----------------------|--|
| For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009 | | | | | | |
| A Name of plan THE COLLEGE OF IDAH | 501 | | | | | |
| C Plan sponsor's name as shown on line 2a of Form 5500. THE COLLEGE OF IDAHO D Employer Identification Number (EIN) 82-0200906 | | | | | | |
| | | | Coverage, Fees, and Con a unit in Parts II and III can be re | | | |
| 1 Coverage Information: | | | | | | |
| (a) Name of insurance ca | | RTH AMERICA | | | | |
| (b) EIN | (c) NAIC | (d) Contract or | (e) Approximate number of persons covered at end of | Policy | or contract year | |
| (b) EIN | code | identification number | policy or contract year | (f) From | (g) To | |
| 23-1503749 | 65498 | BK960142 | 173 | 01/01/2009 | 12/31/2009 | |
| 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 a | (a) Total amount of commissions paid (b) Total amount of fees paid | | | | | |
| 865 | | | | | | |
| 3 Persons receiving com | missions and f | ees. (Complete as many entries | s as needed to report all persons). | | | |
| | (a) Name a | | , or other person to whom commis | sions or fees were paid | | |
| MERCER HEALTH & BEI | NEFITS | SUIT | N. 9TH STREET 'E 410 SE, ID 83702 | | | |
| (b) Amount of sales ar | nd base | Fe | es and other commissions paid | | | |
| commissions pa | | (c) Amount | (d) Purpo | (e) Organization code | | |
| | 865 | | | | 3 | |
| | (a) Name a | and address of the agent, broker | , or other person to whom commis | ssions or fees were paid | | |
| | | | | | | |
| (b) Amount of sales ar | (b) Amount of sales and base Fees and other commissions paid | | | | | |
| commissions pa | | (c) Amount | (d) Purpo | se | (e) Organization code | |
| | | | | | | |

| Schedule A (Form 5500) | 2009 | Page 2- 1 | Page 2- 1 | | | | |
|---|--|---|-----------------------|--|--|--|--|
| (a) Na | (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid | | | | | | |
| | | | | | | | |
| | | Fees and other commissions paid | | | | | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code | | | | |
| | | | | | | | |
| (a) Na | ame and address of the agent, bro | oker, or other person to whom commissions or fees were paid | d | | | | |
| | | | | | | | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization | | | | |
| commissions paid | (c) Amount | (d) Purpose | code | | | | |
| | | | | | | | |
| (a) Na | ame and address of the agent, bro | oker, or other person to whom commissions or fees were paid | d | | | | |
| | I | | | | | | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization | | | | |
| commissions paid | (c) Amount | (d) Purpose | code | | | | |
| (a) Na | ame and address of the agent, bro | oker, or other person to whom commissions or fees were pai | | | | | |
| (4) | nno ana adarese er me agent, er | oner, et euret person le miem commissione et lece were per | - | | | | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization | | | | |
| commissions paid | (c) Amount | (d) Purpose | code | | | | |
| | | | | | | | |
| (a) Na | ame and address of the agent, bro | oker, or other person to whom commissions or fees were paid | d | | | | |
| | | | | | | | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization | | | | |
| commissions paid | (c) Amount | (d) Purpose | code | | | | |
| | | | | | | | |

| Part II | | Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may this report. | | | be treated | d as a unit for purposes of |
|---------|-------|--|---------------|-------------------|------------|-----------------------------|
| 4 | Curre | ent value of plan's interest under this contract in the general account at year | end | | 4 | |
| | | ent value of plan's interest under this contract in separate accounts at year e | | 5 | | |
| _ | | racts With Allocated Funds: | | | | |
| - | а | State the basis of premium rates | | | | |
| | | | | | | |
| | b | Premiums paid to carrier | | | 6b | |
| | С | Premiums due but unpaid at the end of the year | | | 6c | |
| | d | If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount | | | 6d | |
| | | Specify nature of costs | | | | |
| | е | Type of contract: (1) individual policies (2) group deferred (3) other (specify) | d annuity | _ | | |
| | f | If contract purchased, in whole or in part, to distribute benefits from a termin | ating plan c | heck here | | |
| 7 | Cont | racts With Unallocated Funds (Do not include portions of these contracts ma | intained in s | eparate accounts) | | |
| | а | Type of contract: (1) | | ion guarantee | | |
| | b | Balance at the end of the previous year | | | . 7b | |
| | С | Additions: (1) Contributions deposited during the year | . 7c(1) | | | |
| | | (2) Dividends and credits | . 7c(2) | | | |
| | | (3) Interest credited during the year | 7c(3) | | | |
| | | (4) Transferred from separate account | . 7c(4) | | | |
| | | (5) Other (specify below) | 7c(5) | | | |
| | | • | | | | |
| | _ | (6)Total additions | | | 7c(6) | |
| | | Total of balance and additions (add b and c(6)) | | | . 7d | |
| | | Deductions: | | | | |
| | | | 7e(1) | | | |
| | | (2) Administration charge made by carrier | 7e(2) | | | |
| | | (3) Transferred to separate account | . 7e(3) | | | |
| | | (4) Other (specify below) | . 7e(4) | | | |
| | | > | | | | |
| | | (5) Total deductions | | | 7e(5) | |
| | f | Balance at the end of the current year (subtract e(5) from d) | | | 7f | |

| Page 4 | |
|-------------------------------|---|
| over(a) or members of the com | _ |

17304

10a

10b

| | Schedule A (Form 5500) 2009 | | F | age 4 | | |
|------------|--|--|--------------|-------------------------|-------------------|-------------------------|
| Part II | Welfare Benefit Contract Information If more than one contract covers the same grant information may be combined for reporting pothe entire group of such individual contracts of the contract of t | oup of employees of the surposes if such contracts | are experien | ce-rated as a unit. Whe | ere contracts | |
| 8 Bene | efit and contract type (check all applicable boxes) | | | | | |
| а | Health (other than dental or vision) | b Dental | С | Vision | (| d Life insurance |
| е | Temporary disability (accident and sickness) | f X Long-term disabili | ty g | Supplemental unemp | oloyment i | h Prescription drug |
| ιĒ | Stop loss (large deductible) | i HMO contract | | PPO contract | | I Indemnity contract |
| m l | Other (specify) | <i>,</i> – | L | | | |
| | Garan (apasany) | | | | | |
| 9 Expe | rience-rated contracts: | | | | | |
| a F | Premiums: (1) Amount received | | . 9a(1) | | |] |
| | (2) Increase (decrease) in amount due but unpaid | t | . 9a(2) | | | |
| | (3) Increase (decrease) in unearned premium res | serve | . 9a(3) | | T | |
| | (4) Earned ((1) + (2) - (3)) | | | | 9a(4) | |
| b | Benefit charges (1) Claims paid | | . 9b(1) | | | |
| | (2) Increase (decrease) in claim reserves | | . 9b(2) | | I | |
| | (3) Incurred claims (add (1) and (2)) | | | | 9b(3) | |
| | (4) Claims charged | | | | 9b(4) | |
| С | Remainder of premium: (1) Retention charges (c | n 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. | | 0 (4)(0) | | | _ |
| | (G) Other retention charges | | | | | |
| | (H) Total retention | _ | | | 9c(1)(H) | |
| | (2) Dividends or retroactive rate refunds. (These | | | | 9c(2) | |
| d | Status of policyholder reserves at end of year: (1 | | | | 9d(1) | |
| | (2) Claim reserves | | | | 9d(2) | |
| | (3) Other reserves | | | | 9d(3) | |
| Δ | Dividende or retroactive rate refunde due (Do n | ot include amount entered | d in c(2) | | 00 | I |

| Part IV | Provision of Information | | | |
|------------|---|-------|------|--|
| 11 Did the | a insurance company fail to provide any information necessary to complete Schedule A? | ☐ Yes | X No | |

a Total premiums or subscription charges paid to carrier 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.....

10 Nonexperience-rated contracts:

Specify nature of costs >

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

OMB No. 1210-0110

| Pension Benefit Guaranty Corporation Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | | | | n is Open to Public Inspection | | | |
|--|---------------|---|--|-----------------------------------|-----------------------|----------------|-----------------------|
| For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009 | | | | | | | |
| THE COLLEGE OF IDALIO HEALTH & WELFADE DLAN | | | | | e-digit number (PI | N) • | 501 |
| C Plan sponsor's name a | | ne 2a of Form 5500. | | D Employ 82-020 | | ation Number (| EIN) |
| | | ning Insurance Contrac . Individual contracts grouped a | | | | | |
| 1 Coverage Information: | | | | | | | |
| (a) Name of insurance ca | HO | | (e) Approximate nu | ımber of | | Policy or co | intract vear |
| (b) EIN | (c) NAIC code | (d) Contract or identification number | persons covered a | t end of | (f) | From | (g) To |
| 82-0299431 | 47791 | 1759 | | 69 | 01/01/20 | 09 | 12/31/2009 |
| 2 Insurance fee and com descending order of the | | nation. Enter the total fees and t | otal commissions paid. L | ist in item 3 | the agents, | brokers, and o | ther persons in |
| (a) Total a | amount of con | nmissions paid | | (b) To | tal amount | of fees paid | |
| | | 4497 | | | | | |
| 3 Persons receiving com | | fees. (Complete as many entrie | | | | | |
| MERCER HEALTH & BE | | SUI | er, or other person to whole I.N. 9TH STREET ITE 410 ISE, ID 83702 | m commissi | ons or tees | were pald | |
| (b) Amount of sales ar | nd base | F | ees and other commission | ns paid | | | |
| commissions pa | | (c) Amount | | (d) Purpose | | | (e) Organization code |
| | 4497 | | | | | | 3 |
| | (a) Name | and address of the agent, broke | er, or other person to who | m commissi | ons or fees | were paid | |
| | | <u> </u> | | | | · | |
| (b) Amount of sales ar | | | ees and other commission | | | | (-) O |
| commissions pa | iu | (c) Amount | | (d) Purpose | | | (e) Organization code |

| Schedule A (Form 5500) | 2009 | Page 2- 1 | | |
|---|-----------------------------------|---|-----------------------|--|
| (a) Na | ame and address of the agent, bro | oker, or other person to whom commissions or fees were paid | d | |
| | | | | |
| | | Fees and other commissions paid | | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code | |
| | | | | |
| (a) Na | ame and address of the agent, bro | oker, or other person to whom commissions or fees were paid | d | |
| | | | | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization | |
| commissions paid | (c) Amount | (d) Purpose | code | |
| | | | | |
| (a) Na | ame and address of the agent, bro | oker, or other person to whom commissions or fees were paid | d | |
| | I | | | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization | |
| commissions paid | (c) Amount | (d) Purpose | code | |
| (a) Na | ame and address of the agent, bro | oker, or other person to whom commissions or fees were pai | | |
| (4) | nno ana adarese er me agent, er | oner, et euret person le miem commissione et lece were per | - | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization | |
| commissions paid | (c) Amount | (d) Purpose | code | |
| | | | | |
| (a) Na | ame and address of the agent, bro | oker, or other person to whom commissions or fees were paid | d | |
| | | | | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization | |
| commissions paid | (c) Amount | (d) Purpose | code | |
| | | | | |

| Part II | | Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report. | idual contrad | cts with each carrier may | be treated | d as a unit for purposes of |
|---------|-------|--|---------------|---------------------------|------------|-----------------------------|
| 4 | Curre | ent value of plan's interest under this contract in the general account at year | end | | 4 | |
| | | ent value of plan's interest under this contract in separate accounts at year e | | | 5 | |
| _ | | racts With Allocated Funds: | | | | |
| - | а | State the basis of premium rates | | | | |
| | | | | | | |
| | b | Premiums paid to carrier | | | 6b | |
| | С | Premiums due but unpaid at the end of the year | | | 6c | |
| | d | If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount | | | 6d | |
| | | Specify nature of costs | | | | |
| | е | Type of contract: (1) individual policies (2) group deferred (3) other (specify) | d annuity | _ | | |
| | f | If contract purchased, in whole or in part, to distribute benefits from a termin | ating plan c | heck here | | |
| 7 | Cont | racts With Unallocated Funds (Do not include portions of these contracts ma | intained in s | eparate accounts) | | |
| | а | Type of contract: (1) | | ion guarantee | | |
| | b | Balance at the end of the previous year | | | . 7b | |
| | С | Additions: (1) Contributions deposited during the year | . 7c(1) | | | |
| | | (2) Dividends and credits | . 7c(2) | | | |
| | | (3) Interest credited during the year | 7c(3) | | | |
| | | (4) Transferred from separate account | . 7c(4) | | | |
| | | (5) Other (specify below) | 7c(5) | | | |
| | | • | | | | |
| | _ | (6)Total additions | | | 7c(6) | |
| | | Total of balance and additions (add b and c(6)) | | | . 7d | |
| | | Deductions: | | | | |
| | | | 7e(1) | | | |
| | | (2) Administration charge made by carrier | 7e(2) | | | |
| | | (3) Transferred to separate account | . 7e(3) | | | |
| | | (4) Other (specify below) | . 7e(4) | | | |
| | | > | | | | |
| | | (5) Total deductions | | | 7e(5) | |
| | f | Balance at the end of the current year (subtract e(5) from d) | | | 7f | |

| Ρ | age | 4 |
|---|-----|---|
| | | |

| Pa | art III | Welfare Benefit Contract Informat If more than one contract covers the same gr information may be combined for reporting pr the entire group of such individual contracts of | oup of employees of the surposes if such contracts | are experienc | ce-ráted as a unit. Who | ere contracts | , , |
|----|------------|--|--|---------------------|-------------------------|---------------|----------------------|
| 8 | Bene | fit and contract type (check all applicable boxes) | | | | | |
| | а | Health (other than dental or vision) | b X Dental | С | Vision | | Life insurance |
| | е | Temporary disability (accident and sickness) | f Long-term disability | ty g | Supplemental unemp | oloyment I | n Prescription drug |
| | ιĒ | Stop loss (large deductible) | j HMO contract | k | PPO contract | | I Indemnity contract |
| | m | Other (specify) | | _ | - | | |
| 9 | Expe | rience-rated contracts: | | | | | |
| | a F | Premiums: (1) Amount received | | 9a(1) | | 149897 | |
| | | (2) Increase (decrease) in amount due but unpaid | d | 9a(2) | | 329 | |
| | | (3) Increase (decrease) in unearned premium res | | | | 0 | |
| | | (4) Earned ((1) + (2) - (3)) | | | | 9a(4) | 150226 |
| | b | Benefit charges (1) Claims paid | | _ ` , | | 130831 | |
| | | (2) Increase (decrease) in claim reserves | | 9b(2) | | 330 | |
| | | (3) Incurred claims (add (1) and (2)) | | | | 9b(3) | 131161 |
| | | (4) Claims charged | | | | 9b(4) | 131161 |
| | С | Remainder of premium: (1) Retention charges (c | n an accrual basis) | | | | |
| | | (A) Commissions | | 9c(1)(A) | | 4497 | |
| | | (B) Administrative service or other fees | | | | 22534 | |
| | | (C) Other specific acquisition costs | | 9c(1)(C) | | 0 | |
| | | (D) Other expenses | | | | 0 | |
| | | (E) Taxes | | 9c(1)(E) | | 0 | |
| | | (F) Charges for risks or other contingencies. | | 9c(1)(F) | | 0 | _ |
| | | (G) Other retention charges | | | | 0 | 07004 |
| | | (H) Total retention | _ | _ | | 9c(1)(H) | 27031 |
| | | (2) Dividends or retroactive rate refunds. (These | amounts were paid in | cash, or | credited.) | 9c(2) | 0 |
| | d | Status of policyholder reserves at end of year: (1 |) Amount held to provide | benefits after | retirement | 9d(1) | 0 |
| | | (2) Claim reserves | | | | 9d(2) | 0 |
| | | (3) Other reserves | | | | 9d(3) | 0 |
| | е | Dividends or retroactive rate refunds due. (Do n | ot include amount entered | d in c(2) .) | | 9e | 0 |
| 10 | Nor | nexperience-rated contracts: | | | | | |
| | а | Total premiums or subscription charges paid to o | arrier | | | 10a | |
| | | If the carrier, service, or other organization incurretention of the contract or policy, other than repo | , , | | ' | 10b | |
| | Sp | ecify nature of costs | | | | | |

| Part IV | Provision of Information | | | |
|-----------|---|-----|------|--|
| 11 Did th | e insurance company fail to provide any information necessary to complete Schedule A? | Yes | X No | |

¹² If the answer to line 11 is "Yes," specify the information not provided.

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

OMB No. 1210-0110

| pursuant to ERISA section 103(a)(2). | | | | | m is Open to Public Inspection | | |
|--|--|--|---|---|-----------------------------------|------------------|-----------------------|
| For calendar plan year 200 | For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009 | | | | | | |
| A Name of plan THE COLLEGE OF IDAH | O HEALTH & | WELFARE PLAN | | B Three plan | e-digit number (PI | V) • | 501 |
| | | | | | | | |
| C Plan sponsor's name a THE COLLEGE OF IDAH | | ne 2a of Form 5500. | | D Emplo 82-020 | | ation Number (| EIN) |
| | | ning Insurance Contract . Individual contracts grouped a | | | | | |
| 1 Coverage Information: | | | | | | | |
| (a) Name of insurance ca UNUM LIFE INSURANCE | | OF AMERICA | | | | | |
| /I-> FINI | (c) NAIC | (d) Contract or | (e) Approximate no | | | Policy or co | ontract year |
| (b) EIN | code | identification number | | persons covered at end of policy or contract year | | From | (g) To |
| 01-0278678 | 62235 | 118231 | 216 | | 01/01/20 | 009 | 12/31/2009 |
| 2 Insurance fee and come descending order of the | | nation. Enter the total fees and to | otal commissions paid. L | ist in item 3 | the agents | , brokers, and o | ther persons in |
| (a) Total a | amount of com | nmissions paid | | (b) To | tal amount | of fees paid | |
| _ | | 1020 | | | | | |
| 3 Persons receiving com | | fees. (Complete as many entrie | | | | | |
| MERCER HEALTH & BEI | | | N. 9TH STREET | m commiss | ions or fees | were paid | |
| | | | TE 410 SIE, ID 83702 | | | | |
| (b) Amount of sales ar | nd base | Fe | ees and other commission | ns paid | | | |
| commissions pa | d | (c) Amount | | (d) Purpose | 9 | | (e) Organization code |
| | 1020 | | | | | | 3 |
| | (a) Name | and address of the agent, broke | r, or other person to who | m commiss | ions or fees | were paid | |
| | | y , | , | | | | |
| (b) Amount of sales ar | | | ees and other commission | • | | | |
| commissions pa | d | (c) Amount | | (d) Purpose | 9 | | (e) Organization code |
| | | | | | | | |

| Schedule A (Form 5500) | 2009 | Page 2- 1 | | |
|---|-----------------------------------|---|-----------------------|--|
| (a) Na | ame and address of the agent, bro | oker, or other person to whom commissions or fees were paid | d | |
| | | | | |
| | | Fees and other commissions paid | | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code | |
| | | | | |
| (a) Na | ame and address of the agent, bro | oker, or other person to whom commissions or fees were paid | d | |
| | | | | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization | |
| commissions paid | (c) Amount | (d) Purpose | code | |
| | | | | |
| (a) Na | ame and address of the agent, bro | oker, or other person to whom commissions or fees were paid | d | |
| | I | | | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization | |
| commissions paid | (c) Amount | (d) Purpose | code | |
| (a) Na | ame and address of the agent, bro | oker, or other person to whom commissions or fees were pai | | |
| (4) | nno ana adarese er me agent, er | oner, et euret person le miem commissione et lece were per | - | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization | |
| commissions paid | (c) Amount | (d) Purpose | code | |
| | | | | |
| (a) Na | ame and address of the agent, bro | oker, or other person to whom commissions or fees were paid | d | |
| | | | | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization | |
| commissions paid | (c) Amount | (d) Purpose | code | |
| | | | | |

| Part II | | Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report. | idual contrad | cts with each carrier may | be treated | d as a unit for purposes of |
|---------|-------|--|---------------|---------------------------|------------|-----------------------------|
| 4 | Curre | ent value of plan's interest under this contract in the general account at year | end | | 4 | |
| | | ent value of plan's interest under this contract in separate accounts at year e | | | 5 | |
| _ | | racts With Allocated Funds: | | | | |
| - | а | State the basis of premium rates | | | | |
| | | | | | | |
| | b | Premiums paid to carrier | | | 6b | |
| | С | Premiums due but unpaid at the end of the year | | | 6c | |
| | d | If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount | | | 6d | |
| | | Specify nature of costs | | | | |
| | е | Type of contract: (1) individual policies (2) group deferred (3) other (specify) | d annuity | _ | | |
| | f | If contract purchased, in whole or in part, to distribute benefits from a termin | ating plan c | heck here | | |
| 7 | Cont | racts With Unallocated Funds (Do not include portions of these contracts ma | intained in s | eparate accounts) | | |
| | а | Type of contract: (1) | | ion guarantee | | |
| | b | Balance at the end of the previous year | | | . 7b | |
| | С | Additions: (1) Contributions deposited during the year | . 7c(1) | | | |
| | | (2) Dividends and credits | . 7c(2) | | | |
| | | (3) Interest credited during the year | 7c(3) | | | |
| | | (4) Transferred from separate account | . 7c(4) | | | |
| | | (5) Other (specify below) | 7c(5) | | | |
| | | • | | | | |
| | _ | (6)Total additions | | | 7c(6) | |
| | | Total of balance and additions (add b and c(6)) | | | . 7d | |
| | | Deductions: | | | | |
| | | | 7e(1) | | | |
| | | (2) Administration charge made by carrier | 7e(2) | | | |
| | | (3) Transferred to separate account | . 7e(3) | | | |
| | | (4) Other (specify below) | . 7e(4) | | | |
| | | > | | | | |
| | | (5) Total deductions | | | 7e(5) | |
| | f | Balance at the end of the current year (subtract e(5) from d) | | | 7f | |

| Schedule A (Form 5500) 2009 | Page 4 | |
|---|---|---|
| Welfare Benefit Contract Information If more than one contract covers the same group of information may be combined for reporting purposes the entire group of such individual contracts with ear | if such contracts are experience-rated as a unit. W | Where contracts cover individual employees, |
| and contract type (check all applicable boxes) | | |
| | - | -1 V |

| 8 | Ben | efit and contract type (check all applicable boxes) | | | | | | |
|----|-----|--|----------------------------|---------------|--------------------|----------|---------------------------|--------|
| | а | Health (other than dental or vision) | b Dental | С | Vision | | d X Life insurance | e |
| | е | Temporary disability (accident and sickness) | f Long-term disability | , g | Supplemental unemp | oloyment | h Prescription | drug |
| | i [| Stop loss (large deductible) | j HMO contract | k [| PPO contract | | I Indemnity co | ntract |
| | m | Other (specify) | _ | | | | _ | |
| | | | | | | | | |
| 9 | Exp | erience-rated contracts: | - | | | | | |
| | а | Premiums: (1) Amount received | | 9a(1) | | | | |
| | | (2) Increase (decrease) in amount due but unpaid | j | 9a(2) | | | | |
| | | (3) Increase (decrease) in unearned premium res | serve | 9a(3) | | T | | |
| | | (4) Earned ((1) + (2) - (3)) | | | | 9a(4) | | |
| | b | Benefit charges (1) Claims paid | | 9b(1) | | | | |
| | | (2) Increase (decrease) in claim reserves | | 9b(2) | | T | | |
| | | (3) Incurred claims (add (1) and (2)) | | | | 9b(3) | | |
| | | (4) Claims charged | | | | 9b(4) | | |
| | С | Remainder of premium: (1) Retention charges (o | n an accrual basis) | | | | | |
| | | (A) Commissions | | 9c(1)(A) | | | | |
| | | (B) Administrative service or other fees | | 9c(1)(B) | | | | |
| | | (C) Other specific acquisition costs | | 9c(1)(C) | | | | |
| | | (D) Other expenses | | 9c(1)(D) | | | | |
| | | (E) Taxes | | 9c(1)(E) | | | | |
| | | (F) Charges for risks or other contingencies. | | 9c(1)(F) | | | | |
| | | (G) Other retention charges | | 9c(1)(G) | | | | |
| | | (H) Total retention | | | | 9c(1)(H) | | |
| | | (2) Dividends or retroactive rate refunds. (These | amounts were paid in | cash, or | credited.) | 9c(2) | | |
| | d | Status of policyholder reserves at end of year: (1 |) Amount held to provide b | enefits after | retirement | 9d(1) | | |
| | | (2) Claim reserves | • | | | 9d(2) | 1 | |
| | | (3) Other reserves | | | | 9d(3) | | |
| | е | Dividends or retroactive rate refunds due. (Do n | | | | 9e | | |
| 10 | No | onexperience-rated contracts: | | . , , | | L | | |
| | | Total premiums or subscription charges paid to c | arrier | | | 10a | | 18848 |
| | b | If the carrier, service, or other organization incur | | | | | | |
| | | retention of the contract or policy, other than repe | | | | 10b | | |
| | Sp | pecify nature of costs | | | | | | |

| Part IV | Provision of Information | | | |
|------------------|---|-----|------|--|
| 11 Did th | e insurance company fail to provide any information necessary to complete Schedule A? | Yes | X No | |

Part III

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 (ERISA).

File as an attachment to Form 5500.

OMB No. 1210-0110

| pursuant to ERISA section 103(a)(2). This Form is Open to Public Inspection | | | | | | | | | |
|--|---|-------------------------------------|---|-----------------------|---------------------------|--|--|--|--|
| For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009 | | | | | | | | | |
| A Name of plan THE COLLEGE OF IDAHO HEALTH & WELFARE PLAN B Three-digit plan number (PN) | | | | | | | | | |
| THE COLLEGE OF IDAH | C Plan sponsor's name as shown on line 2a of Form 5500. THE COLLEGE OF IDAHO D Employer Identification Number (EIN) 82-0200906 | | | | | | | | |
| | 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 Information: | | | | | | | | | |
| (a) Name of insurance ca | rrier | | | | | | | | |
| (b) EIN | (c) NAIC | (d) Contract or | (e) Approximate number of persons covered at end of | | olicy or contract year | | | | |
| | code | identification number | policy or contract year | (f) From | (g) To | | | | |
| 93-1253100 | 95819 | A1781 | 5 | 01/01/2009 | 12/31/2009 | | | | |
| 2 Insurance fee and com descending order of the | | ation. Enter the total fees and tot | al commissions paid. List in iten | n 3 the agents, broke | ers, and other persons in | | | | |
| | amount of comr | missions paid | (b) | Total amount of fees | s paid | | | | |
| | | 116 | | | | | | | |
| 3 Persons receiving com | missions and fe | ees. (Complete as many entries | as needed to report all persons' |). | | | | | |
| <u> </u> | | nd address of the agent, broker, | | | paid | | | | |
| MERCER HEALTH & BE | | 225 N SUIT | I. 9TH STREET E 410 E, ID 83702 | | | | | | |
| (b) Amount of sales ar | nd base | Fee | es and other commissions paid | | | | | | |
| commissions pa | | (c) Amount | (d) Purp | ose | (e) Organization code | | | | |
| 116 | | | | | 3 | | | | |
| | (a) Name a | nd address of the agent, broker, | or other person to whom comm | issions or fees were | paid | | | | |
| | | | | | | | | | |
| (b) Amount of sales and base Fees and other commissions paid | | | | | | | | | |
| commissions pa | | (c) Amount | (d) Purp | ose | (e) Organization code | | | | |
| | | | | | | | | | |

| Schedule A (Form 5500) | 2009 | Page 2- 1 | |
|---|-----------------------------------|---|-----------------------|
| (a) Na | ame and address of the agent, bro | oker, or other person to whom commissions or fees were paid | d |
| | | | |
| | | Fees and other commissions paid | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code |
| | | | |
| (a) Na | ame and address of the agent, bro | oker, or other person to whom commissions or fees were paid | d |
| | | | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization |
| commissions paid | (c) Amount | (d) Purpose | code |
| | | | |
| (a) Na | ame and address of the agent, bro | oker, or other person to whom commissions or fees were paid | d |
| | I | | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization |
| commissions paid | (c) Amount | (d) Purpose | code |
| (a) Na | ame and address of the agent, bro | oker, or other person to whom commissions or fees were pai | |
| (4) | nno ana adarese er me agent, er | oner, et euret person le miem commissione et lece were per | - |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization |
| commissions paid | (c) Amount | (d) Purpose | code |
| | | | |
| (a) Na | ame and address of the agent, bro | oker, or other person to whom commissions or fees were paid | d |
| | | | |
| (b) Amount of sales and base | | Fees and other commissions paid | (e) Organization |
| commissions paid | (c) Amount | (d) Purpose | code |
| | | | |

| Part II | | Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual report. | be treated | d as a unit for purposes of | | |
|---------|------|--|---------------|-----------------------------|-------|--|
| 4 | Curr | ent value of plan's interest under this contract in the general account at year | end | | 4 | |
| | | ent value of plan's interest under this contract in separate accounts at year e | | | 5 | |
| _ | | racts With Allocated Funds: | | | | |
| - | а | State the basis of premium rates | | | | |
| | | | | | | |
| | b | Premiums paid to carrier | | | 6b | |
| | С | Premiums due but unpaid at the end of the year | | | 6c | |
| | d | If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount | | | 6d | |
| | | Specify nature of costs | | | | |
| | е | Type of contract: (1) individual policies (2) group deferred (3) other (specify) | d annuity | _ | | |
| | f | If contract purchased, in whole or in part, to distribute benefits from a termin | ating plan c | heck here | | |
| 7 | Cont | racts With Unallocated Funds (Do not include portions of these contracts ma | intained in s | eparate accounts) | | |
| | а | Type of contract: (1) | | ion guarantee | | |
| | b | Balance at the end of the previous year | | | . 7b | |
| | С | Additions: (1) Contributions deposited during the year | . 7c(1) | | | |
| | | (2) Dividends and credits | . 7c(2) | | | |
| | | (3) Interest credited during the year | 7c(3) | | | |
| | | (4) Transferred from separate account | . 7c(4) | | | |
| | | (5) Other (specify below) | 7c(5) | | | |
| | | • | | | | |
| | _ | (6)Total additions | | | 7c(6) | |
| | | Total of balance and additions (add b and c(6)) | | | . 7d | |
| | | Deductions: | | | | |
| | | | 7e(1) | | | |
| | | (2) Administration charge made by carrier | 7e(2) | | | |
| | | (3) Transferred to separate account | . 7e(3) | | | |
| | | (4) Other (specify below) | . 7e(4) | | | |
| | | > | | | | |
| | | (5) Total deductions | | | 7e(5) | |
| | f | Balance at the end of the current year (subtract e(5) from d) | | | 7f | |

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|------|---|
| | |

| Pa | If more informa | re Benefit Contract Informa than one contract covers the same g tion may be combined for reporting p re group of such individual contracts | roup of employees of the surposes if such contracts | are experience | ce-rated as a unit. Wh | ere contracts | | |
|----|------------------------|---|---|----------------|------------------------|---------------|----------------------|------|
| 8 | Benefit and cont | tract type (check all applicable boxes) | | | | | | |
| | a Health (of | ther than dental or vision) | b X Dental | С | Vision | (| d Life insurance | |
| | e Temporai | ry disability (accident and sickness) | f Long-term disabili | ty g | Supplemental unem | ployment l | h Prescription drug | |
| | i Stop loss | (large deductible) | j HMO contract | k | PPO contract | | I Indemnity contract | |
| | m Other (sp | ecify) • | | _ | _ | | _ , | |
| 9 | Experience-rated | d contracts: | | | | | | |
| | a Premiums: (| 1) Amount received | | | | 3882 | | |
| | (2) Increase | e (decrease) in amount due but unpai | d | | | 0 | | |
| | ` ' | e (decrease) in unearned premium re | | | | 0 | | |
| | (4) Earned | ((1) + (2) - (3)) | | | | . 9a(4) | | 3882 |
| | b Benefit cha | rges (1) Claims paid | | _ ` ' | | 5499 | | |
| | (2) Increase | e (decrease) in claim reserves | | 9b(2) | | 0 | | |
| | (3) Incurred | l claims (add (1) and (2)) | | | | . 9b(3) | | 5499 |
| | (4) Claims of | charged | | | | . 9b(4) | | |
| | c Remainder | of premium: (1) Retention charges (| on an accrual basis) | | | | | |
| | (A) Cor | nmissions | | 9c(1)(A) | | 116 | | |
| | (B) Adn | ninistrative service or other fees | | | | 485 | | |
| | (C) Oth | er specific acquisition costs | | | | 551 | | |
| | (D) Oth | er expenses | | 9c(1)(D) | | 0 | | |
| | (E) Tax | es | | 9c(1)(E) | | 2 | | |
| | (F) Cha | arges for risks or other contingencies. | | | | 0 | | |
| | (G) Oth | er retention charges | | 9c(1)(G) | | 0 | | |
| | (H) Tota | al retention | | | | 9c(1)(H) | | 1154 |
| | (2) Dividen | ds or retroactive rate refunds. (These | e amounts were paid in | cash, or | credited.) | 9c(2) | | 0 |
| | d Status of po | olicyholder reserves at end of year: (| Amount held to provide | benefits after | retirement | | | 0 |
| | (2) Claim re | eserves | , · | | | 9d(2) | | 0 |
| | ` ' | eserves | | | | 9d(3) | | 0 |
| | ` ' | or retroactive rate refunds due. (Do n | | | | . 9e | | 0 |
| 10 | Nonexperience | ' | | , , | | -1 | | |
| | | iums or subscription charges paid to | carrier | | | . 10a | | |
| | b If the carrie | er, service, or other organization incur | red any specific costs in c | onnection wit | h the acquisition or | | | |
| | | f the contract or policy, other than rep | orted in Part I, item 2 abor | ve, report am | ount | 10b | | |
| | Specify nature | of costs • | | | | | | |
| | | | | | | | | |

| Part IV | Provision of Information | | | |
|------------------|---|-----|------|--|
| 11 Did th | e insurance company fail to provide any information necessary to complete Schedule A? | Yes | X No | |