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

Part I Annual Report Identification Information						Inspection	ublic	
A This return/report is for: a multiemployer plan; a DFE (specify) a bFE (specify) a bFE (specify) b This return/report is: the first return/report; the final return/report; a short plan year return/report (less than 12 months). C If the plan is a collectively-bargained plan, check here. b D Check box if filing under: Form 5558; automatic extension; the DFVC program;	Part I	Annual Report Iden	tification Information					
B This return/report is:	For caler	ndar plan year 2009 or fiscal p	plan year beginning 01/01/2009		and ending 12/31/20	009		
B This return/report is:	A This r	eturn/report is for:	a multiemployer plan;	a multiple	e-employer plan; or			
an amended return/report; a short plan year return/report (less than 12 months). C If the plan is a collectively-bargained plan, check here			a single-employer plan;	a DFE (s	pecify)			
an amended return/report; a short plan year return/report (less than 12 months). C If the plan is a collectively-bargained plan, check here			_					
C If the plan is a collectively-bargained plan, check here	B This r	eturn/report is:	the first return/report;	the final r	eturn/report;			
D Check box if filing under: Form 5558; automatic extension; the DFVC program; special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan WARNER MUSIC GROUP HEALTH & WELFARE BENEFITS PLAN 1c Effective date of plan 0,301/2004 2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) WARNER MUSIC GROUP, INC. 2b Employer Identification Number (PN) 1,3565889 2c Sponsor's telephone number 212-275-2594 2d Business code (see instructions) 711100 Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. Sign HERE Signature of plan administrator Date Enter name of individual signing as plan administrator			an amended return/report;	a short p	lan year return/report (less tha	an 12 months).		
Special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan	C If the	plan is a collectively-bargaine	ed plan, check here					
Special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan	D Check	k box if filing under:	X Form 5558;	automatio	c extension;	the DFVC program;		
1a Name of plan WARNER MUSIC GROUP HEALTH & WELFARE BENEFITS PLAN 1c Effective date of plan 03/01/2004 2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) WARNER MUSIC GROUP, INC. DAVID ELLISON 75 ROCKFELLER PLAZA 71H FLOOR NEW YORK, NY 10019 75 ROCKFELLER PLAZA 71H FLOOR NEW YORK, NY 10019 Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN HERE Signature of plan administrator Date Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor		J • • • • • • • • • • • • • • • • • • •	special extension (enter des	cription)				
1a Name of plan WARNER MUSIC GROUP HEALTH & WELFARE BENEFITS PLAN 1c Effective date of plan 03/01/2004 2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) WARNER MUSIC GROUP, INC. DAVID ELLISON 75 ROCKFELLER PLAZA 71H FLOOR NEW YORK, NY 10019 75 ROCKFELLER PLAZA 71H FLOOR NEW YORK, NY 10019 Caution: A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN HERE Signature of plan administrator Date Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	Part I	I Basic Plan Inform	nation—enter all requested informa	ution				
Number (PN) > SU			Tation Cinci an requested information	illion i		1b Three-digit plan		
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SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator Date Enter name of individual signing as plan administrator Date Enter name of individual signing as employer or plan sponsor SIGN HERE	0.0			10/01/2010	DAVID ELLISON			
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor SIGN HERE	HEKE	Signature of plan adminis	ignature of plan administrator Date Enter name of			ning as plan administrator		
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor SIGN HERE						-		
Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor SIGN HERE								
SIGN HERE	HERE	Signature of employer/pla	n sponsor	Date	Enter name of individual sid	ning as emplover or plan sp	onsor	
HERE			•				<u> </u>	
	HERE	Signature of DFE		Date	Enter name of individual sid	gning as DFE		

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2009) v.092307.1

	Form 5500 (2009) Page 2		
WA DA 75 7T	Plan administrator's name and address (if same as plan sponsor, enter "Same") ARNER MUSIC GROUP, INC. AVID ELLISON 5 ROCKFELLER PLAZA TH FLOOR EW YORK, NY 10019	13- 3c Ad	dministrator's EIN -3565869 dministrator's telephone umber 2-275-2594
4 a	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, er the plan number from the last return/report: Sponsor's name	nter the name, EIN and	4b EIN 4c PN
5	Total number of participants at the beginning of the plan year	5	1998
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	1902
b	Retired or separated participants receiving benefits	6b	
С		_	C
d	Subtotal. Add lines 6a, 6b, and 6c	6d	1902
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	_	
f	Total. Add lines 6d and 6e	6f	1902
g	Number of participants with account balances as of the end of the plan year (only defined contribution p complete this item)		
	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 the total number of employers obligated to contribute to the plan (only multiemployer plans complete the total number of employers obligated to contribute to the plan (only multiemployer plans complete the total number of employers obligated to contribute to the plan (only multiemployer plans complete the total number of employers obligated to contribute to the plan (only multiemployer plans complete the total number of employers obligated to contribute to the plan (only multiemployer plans complete the total number of employers obligated to contribute to the plan (only multiemployer plans complete the total number of employers obligated to contribute to the plan (only multiemployer plans complete the total number of employers obligated to contribute the total number of employers obligated the employers of employers obligated to contribute the employers obligated to contribute the employers of employers obligated the employers obligated the employers obligated the employers of employers obligated the employers obligated	lete this item) 7	
	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Char 4A 4B 4D 4E 4F 4H 4L 4Q	racteristic Codes in the ins	tructions:
	(1) X Insurance (1) X Insurance (2) Code section 412(e)(3) insurance contracts (2) Code (3) Trust (3) Trust (4) X General assets of the sponsor (4) X	section 412(e)(3) insurance	ce contracts
10 a	A Pension Schedules (1) R (Retirement Plan Information) (2) MB (Multiemployer Defined Benefit Plan and Certain Money (2) I	•	Small Plan)

(4)

(5)

(6)

SB (Single-Employer Defined Benefit Plan Actuarial

Information) - signed by the plan actuary

(3)

C (Service Provider Information)

D (DFE/Participating Plan Information)

G (Financial Transaction Schedules)

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

Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).					This Fo	m is Open to Public Inspection			
For calendar plan year 20	09 or fiscal plar	n year beginning 01/01/2009	and e	nding 12/3	31/2009				
A Name of plan WARNER MUSIC GROU	P HEALTH & V	VELFARE BENEFITS PLAN		e-digit number (PN)) •	501			
C Plan sponsor's name as shown on line 2a of Form 5500. WARNER MUSIC GROUP, INC. D Employer Identification Number (EI 13-3565869)						(EIN)			
	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		NCE COMPANY, INC.							
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate number of persons covered at end of		Policy or c	ontract year			
(b) LIN	code	identification number	policy or contract year	(f)	From	(g) To			
52-0913817	80314	131331	1902	01/01/200	9	12/31/2009			
2 Insurance fee and com descending order of the		ation. Enter the total fees and tota	commissions paid. List in item 3	3 the agents, I	brokers, and	other persons in			
(a) Total amount of commissions paid (b) Total amount of fees paid									
		38555							
3 Persons receiving com	missions and fe	ees. (Complete as many entries a	is needed to report all persons).						
	(a) Name a	and address of the agent, broker, o		sions or fees v	were paid				
CORPORATE BENEFIT	CONSULTANT	SUITE	N STREET F AM, CT 06422						
(b) Amount of sales a	nd base	Fees	and other commissions paid						
commissions pa	id	(c) Amount	(d) Purpos	е		(e) Organization code			
	34634					3			
	(a) Name a	and address of the agent, broker, o	or other person to whom commiss	sions or fees v	were paid				
KANE PARTNERS INC.			BRARY LANDE RONECK, NY 10543						
(b) Amount of sales a	nd base	Fees	and other commissions paid						
commissions pa		(c) Amount	(d) Purpos	e		(e) Organization code			
	3921					3			
For Donomicont Doductio	n Act Notice o	and OMB Control Numbers and	the instructions for Form FEOO		Cok	adula A (Farm FF00) 2000			

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)	and address of the agont, or	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	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	rt I	Welfare Benefit Contract Information If more than one contract covers the same group of employer information may be combined for reporting purposes if such the entire group of such individual contracts with each carrier	contracts are experien	ce-rated as a unit. Where c	ontract	
8	Ben	efit and contract type (check all applicable boxes)				
	а	Health (other than dental or vision) b Dental	c[Vision		d X Life insurance
	е	Temporary disability (accident and sickness) f Long-teri	m disability g	Supplemental unemployn	nent	h Prescription drug
	i [Stop loss (large deductible) j HMO cor	ntract k	PPO contract		I Indemnity contract
	m	Other (specify)	_			_
9	Ехр	erience-rated contracts:				
	а	Premiums: (1) Amount received	9a(1)		0	
		(2) Increase (decrease) in amount due but unpaid	9a(2)		0	
		(3) Increase (decrease) in unearned premium reserve	9a(3)		0	
		(4) Earned ((1) + (2) - (3))	<u></u>	9	a(4)	0
	b	Benefit charges (1) Claims paid	9b(1)		0	
		(2) Increase (decrease) in claim reserves	9b(2)		0	
		(3) Incurred claims (add (1) and (2))		9	b(3)	0
		(4) Claims charged		9	b(4)	0
	С	Remainder of premium: (1) Retention charges (on an accrual bas	sis)			
		(A) Commissions	9c(1)(A)		0	
		(B) Administrative service or other fees	9c(1)(B)		0	
		(C) Other specific acquisition costs	9c(1)(C)		0	
		(D) Other expenses	9c(1)(D)		0	
		(E) Taxes	9c(1)(E)		0	
		(F) Charges for risks or other contingencies			0	
		(G) Other retention charges	9c(1)(G)		0	
		(H) Total retention		9c	(1)(H)	0
		(2) Dividends or retroactive rate refunds. (These amounts were	paid in cash, or	credited.)g	c(2)	0
	d	Status of policyholder reserves at end of year: (1) Amount held to	o provide benefits afte	r retirement9	d(1)	0
		(2) Claim reserves		9	d(2)	0
		(3) Other reserves		9	d(3)	0
	е	Dividends or retroactive rate refunds due. (Do not include amou	nt entered in c(2) .)		9e	0
10	No	nexperience-rated contracts:				
	а	Total premiums or subscription charges paid to carrier			10a	458655
	b	If the carrier, service, or other organization incurred any specific	costs in connection wi	th the acquisition or		
		retention of the contract or policy, other than reported in Part I, ite	em 2 above, report an	nount	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

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	orporation	Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).			This Form is Open to Public Inspection			
For calendar plan year 200	09 or fiscal pla	an year beginning 01/01/2009	9	and er	nding 12	/31/2009		
A Name of plan WARNER MUSIC GROU	P HEALTH &	WELFARE BENEFITS PLAN			e-digit number (PI	N) •	501	
C Plan sponsor's name a WARNER MUSIC GROU		ne 2a of Form 5500.		D Emplo		ation Number	(EIN)	
	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							
<i>a</i> > =	(c) NAIC	(d) Contract or	(e) Approximate no			Policy or c	ontract year	
(b) EIN	code	identification number	persons covered a policy or contract		(f)	From	(g) To	
95-3760980	N/A	174062	183	1826 01/01/20		09	12/31/2009	
2 Insurance fee and composite descending order of the		nation. Enter the total fees and t	otal commissions paid. L	ist in item 3	the agents,	brokers, and	other persons in	
(a) Total amount of commissions paid (b) Total amount of fees paid								
		638892						
3 Persons receiving com	missions and	fees. (Complete as many entrie	es as needed to report all	persons).				
	(a) Name	and address of the agent, broke	er, or other person to who	m commiss	ions or fees	were paid		
CORPORATE BENEFIT (CONSULTAN	SU	IAIN STREET ITE F RHAM, CT 06422					
(b) Amount of sales ar	nd base	F	ees and other commission	ns paid				
commissions pai		(c) Amount		(d) Purpose	Э		(e) Organization code	
	638893						3	
	(a) Namo	and address of the agent, broke	or or other person to who	m commics	ions or foos	wore paid		
	(a) Name	and address of the agent, broke	er, or other person to who	11 COITHINGS	ions or rees	were paid		
(b) Amount of sales ar	nd base	F	ees and other commission	ns paid				
commissions pa		(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)	and address of the agont, or	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	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 portine entire group of such individual contracts of	oup o	es if such contracts	are experience	ce-rated as a unit. Wh	ere contract		
8	Benef	fit and contract type (check all applicable boxes)							
	a X	Health (other than dental or vision)	b	Dental	c	Vision		d Life insurance	
	е 🗍	Temporary disability (accident and sickness)	f	Long-term disabil	ity g	Supplemental unem	ployment	h Prescription drug	
	iΠ	Stop loss (large deductible)	ιĒ	HMO contract	k -	PPO contract		I Indemnity contract	
	m 🗌	Other (specify)	, _	1	L]			
9	Exper	ience-rated contracts:							
	a P	remiums: (1) Amount received			. 9a(1)		0		
	(2	2) Increase (decrease) in amount due but unpaid	i				0	_	
	(;	3) Increase (decrease) in unearned premium res	erve.		. 9a(3)		0		
	(-	4) Earned ((1) + (2) - (3))					. 9a(4)		0
	b E	Benefit charges (1) Claims paid			. 9b(1)		0		
	(2	2) Increase (decrease) in claim reserves			. 9b(2)		0		
	,	3) Incurred claims (add (1) and (2))					9b(3)		0
		4) Claims charged					. 9b(4)		0
	C	Remainder of premium: (1) Retention charges (o		,				4	
		(A) Commissions			- (.)(-)		0	_	
		(B) Administrative service or other fees			2 (4)(2)		0		
		(C) Other specific acquisition costs			0 (4)(5)		0		
		(D) Other expenses			- (1)(-)		0		
		(E) Taxes			- (1)(-)		0		
		(F) Charges for risks or other contingencies.			0 (4)(0)		0		
		(G) Other retention charges					T		0
		(H) Total retention							
		2) Dividends or retroactive rate refunds. (These		□ .	. —	,			0
		Status of policyholder reserves at end of year: (1					· · ·		
		2) Claim reserves					. 9d(2)		0
	,	3) Other reserves					9d(3)		0
4 (Dividends or retroactive rate refunds due. (Do n	ot incl	ude amount entere	d in c(2) .)		. 9e		U
10		experience-rated contracts:					40-	1576	24766
	-	Fotal premiums or subscription charges paid to c					. 10a	1576	54766
	r	f the carrier, service, or other organization incurretention of the contract or policy, other than report		, ,		•	. 10b		
	Spe	cify 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	

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

r ension benefit dualanty of	rporation	Insurance companies ai pursuant to El	111131	This Form is Open to Public Inspection	
For calendar plan year 20	09 or fiscal pla	n year beginning 01/01/2009	and e	ending 12/31/2009	
A Name of plan WARNER MUSIC GROU	P HEALTH & \	WELFARE BENEFITS PLAN		ee-digit n number (PN)	501
C Plan sponsor's name as shown on line 2a of Form 5500. WARNER MUSIC GROUP, INC. D Employer Identification Number (E 13-3565869)					er (EIN)
on a separat		ning Insurance Contract C Individual contracts grouped as a			
1 Coverage Information:					
(a) Name of insurance ca		OMPANY			
(b) FI NI	(c) NAIC	(d) Contract or	(e) Approximate number of	Policy of	r contract year
(b) EIN	code	identification number	persons covered at end of policy or contract year	(f) From	(g) To
13-5581829	65978	0140113	3489	01/01/2009	12/31/2009
2 Insurance fee and com descending order of the		nation. Enter the total fees and tota	I commissions paid. List in item 3	3 the agents, brokers, an	d other persons in
(a) Total amount of commissions paid (b) Total amount of fees paid					
		62401			
3 Persons receiving com	missions and f	fees. (Complete as many entries a	as needed to report all persons).		
	(a) Name	and address of the agent, broker, o	or other person to whom commiss	sions or fees were paid	
KANE PARTNERS INC			BRARY LANE RONECK, NY 10543		
(b) Amount of sales a	nd base	Fees	s and other commissions paid		
commissions pa		(c) Amount	(d) Purpos	se	(e) Organization code
	62401				3
	(a) Name	and address of the agent, broker, o	or other person to whom commiss	sions or fees were paid	
			·	·	
(b) Amount of sales a	nd hase	Fees	s and other commissions paid		
commissions pa		(c) Amount	(d) Purpos	(e) Organization code	
	A				/= =====

Schedule A (Form 5500)	2009	Page 2- 1	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)	and address of the agont, or	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 Current value of plan's interest under this contract in the general account at year end		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	

Pa	qе	4

		n may be combined for reporting p group of such individual contracts	urposes if such contracts	are experienc	ce-rated as a unit. Wh	ere contracts	loyee organization(s), the scover individual employee	s,
8 E	Benefit and contrac	t type (check all applicable boxes)						
	a Health (other	than dental or vision)	b X Dental	С	Vision	•	d Life insurance	
ſ	e Temporary d	isability (accident and sickness)	f Long-term disabili	ty g	Supplemental unem	ployment I	h Prescription drug	
	i Stop loss (lar	ge deductible)	j HMO contract	k	PPO contract		I Indemnity contract	
ſ	m Other (specif	y) •	_	_	-			
							1	
9 E	Experience-rated co	ontracts:						
;	a Premiums: (1) A	Amount received		9a(1)		0	4	
	(2) Increase (de	ecrease) in amount due but unpai	db	• • •		0	 	
	` '	ecrease) in unearned premium res				0		
		+ (2) - (3))				9a(4)		0
	•	s (1) Claims paid		· ,		0		
	(2) Increase (de	ecrease) in claim reserves		9b(2)		0		
	(3) Incurred cla	iims (add (1) and (2))				9b(3)		0
	(4) Claims char	rged				9b(4)		0
	C Remainder of	premium: (1) Retention charges (on an accrual basis)					
	(A) Commi	ssions		9c(1)(A)		0		
	(B) Admini	strative service or other fees				0		
	(C) Other s	specific acquisition costs		9c(1)(C)		0		
	(D) Other 6	expenses		9c(1)(D)		0		
	` '					0		
	(F) Charge	s for risks or other contingencies.		9c(1)(F)		0		
		etention charges				0		
	(H) Total re	etention				9c(1)(H)		0
	(2) Dividends	or retroactive rate refunds. (These	amounts were paid in	cash, or	credited.)	9c(2)		0
	d Status of police	yholder reserves at end of year: () Amount held to provide	benefits after	retirement			0
		rves	•			9d(2)		0
		ves				9d(3)		0
	` '	etroactive rate refunds due. (Do n				9e		0
10		·		. , ,		1		
	a Total premium	s or subscription charges paid to	carrier			10a	1546	750
	b If the carrier, s	ervice, or other organization incur	red any specific costs in c	onnection wit	h the acquisition or	401		
		e contract or policy, other than rep	orted in Part I, item 2 abo	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	

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 20	09 or fiscal pla	an year beginning 01/01/2009	9	and en	ding 12	/31/2009	
A Name of plan WARNER MUSIC GROU	P HEALTH &	WELFARE BENEFITS PLAN		B Three plan	e-digit number (PI	N) •	501
C Plan sponsor's name a WARNER MUSIC GROU		ne 2a of Form 5500.		D Employ 13-3568		ation Number (l	EIN)
		rning Insurance Contrac Individual contracts grouped a					
1 Coverage Information:							
(a) Name of insurance ca	JRANCE COM	1	(e) Approximate nu	umber of		Policy or co	ntract year
(b) EIN	(c) NAIC code	(d) Contract or identification number	persons covered a policy or contract	t end of	(f)	From	(g) To
04-6076039			09	12/31/2009			
2 Insurance fee and com descending order of the		nation. Enter the total fees and t	otal commissions paid. Li	st in item 3	the agents,	brokers, and o	ther persons in
(a) Total	amount of cor	nmissions paid		(b) To	tal amount	of fees paid	
		5410					
3 Persons receiving com		fees. (Complete as many entrie					
ROBERT F. FITZPATRIC			is LIBRARY LANE MARONECK, NY 10543	II COMMISSI	ons or rees	were paid	
(b) Amount of sales a	nd base	F	ees and other commission	ns paid			
commissions pa	id	(c) Amount		(d) Purpose			(e) Organization code
	5410						3
	(a) Name	and address of the agent, broke	er, or other person to who	n commission	ons or fees	were paid	
	. ,	,				·	
(b) Amount of sales a			ees and other commission				(2) Ourse size size
commissions pa	IQ .	(c) Amount		(d) Purpose			(e) Organization code

Schedule A (Form 5500)	2009	Page 2- 1	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)	and address of the agont, or	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 Current value of plan's interest under this contract in the general account at year end		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
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Pa	art I	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 urposes if such contracts	are experience	ce-rated as a unit. Whe	ere contracts	
8	Ben	efit and contract type (check all applicable boxes)					
	а	Health (other than dental or vision)	b Dental	c	Vision	C	Life insurance
	е	Temporary disability (accident and sickness)	f Long-term disabili	ty g	Supplemental unemp	oloyment I	Prescription drug
	i [Stop loss (large deductible)	j HMO contract	k	PPO contract		I Indemnity contract
	m	Other (specify) NY STATUTORY					
9	Ехр	erience-rated contracts:					
	а	Premiums: (1) Amount received		. 9a(1)		58655	
		(2) Increase (decrease) in amount due but unpaid	ł	9a(2)		0	
		(3) Increase (decrease) in unearned premium res	erve	9a(3)		0	
		(4) Earned ((1) + (2) - (3))				9a(4)	58655
	b	Benefit charges (1) Claims paid		9b(1)		0	
		(2) Increase (decrease) in claim reserves		9b(2)		0	
		(3) Incurred claims (add (1) and (2))				9b(3)	0
		(4) Claims charged				9b(4)	0
	С	Remainder of premium: (1) Retention charges (c	n an accrual basis)				
		(A) Commissions		9c(1)(A)		0	
		(B) Administrative service or other fees		9c(1)(B)		0	
		(C) Other specific acquisition costs		- (()(-)		0	
		(D) Other expenses		- (1)(-)		0	
		(E) Taxes		0 (4)(5)		0	
		(F) Charges for risks or other contingencies.				0	
		(G) Other retention charges		0 (4)(0)		0	
		(H) Total retention				9c(1)(H)	0
		(2) Dividends or retroactive rate refunds. (These	amounts were paid ir	n cash, or	credited.)		0
	d	Status of policyholder reserves at end of year: (1	<u> </u>	<u> </u>		9d(1)	0
		(2) Claim reserves				9d(2)	0
		(3) Other reserves				9d(3)	0
	е	Dividends or retroactive rate refunds due. (Do n				9e	0
10	No	nexperience-rated contracts:		. , ,			
	а	Total premiums or subscription charges paid to c	arrier			10a	0
	b	If the carrier, service, or other organization incur					
		retention of the contract or policy, other than repe				10b	0
	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	

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

Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).				This For	m is Open to Public Inspection			
For calendar plan year 20	09 or fiscal pla	an year beginning 01/01/2009	9	and er	nding 12	/31/2009	-	
A Name of plan WARNER MUSIC GROU	P HEALTH &	WELFARE BENEFITS PLAN			e-digit number (Pl	N) •	501	
C Plan sponsor's name a WARNER MUSIC GROU		ne 2a of Form 5500.		D Emplo		ation Number	(EIN)	
		rning Insurance Contrac . Individual contracts grouped a						
1 Coverage Information:								
(a) Name of insurance ca	rrier							
LIBERTY MUTUAL ASSU	JRANCE COM	MPANY OF BOSTON						
a	(c) NAIC	(d) Contract or	(e) Approximate n			Policy or co	contract year	
(b) EIN	code	identification number	persons covered a policy or contract		(f)	From	(g) To	
04-6076039	65315	GS382009182001	17	1713 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	other persons in	
(a) Total a	amount of cor	nmissions paid		(b) To	tal amount	of fees paid		
		48174						
3 Persons receiving com	missions and	fees. (Complete as many entrie	es as needed to report all	persons).				
	(a) Name	and address of the agent, broke		m commiss	ions or fees	were paid		
ROBERT F. FITZPATRIC	CK		LABRARY LANE MARONECK, NY 10543					
42.4	1	F	ees and other commissio	ns naid				
(b) Amount of sales ar commissions pa		(c) Amount	(d) Purpose				(e) Organization code	
	48174						3	
	(a) Name	and address of the agent, broke	er, or other person to who	m commiss	ions or fees	were paid		
(b) Amount of sales ar	nd base	F	ees and other commissio	ns paid				
commissions pa		(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)	and address of the agont, or	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	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
ı ayı	, ¬

Pa		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 to	oup of employees of the urposes if such contract	s are experienc	e-rated as a unit. Wh	ere contracts	loyee organization(s), the cover individual employees,
8	Benefit a	and contract type (check all applicable boxes)					
	а 📗 н	ealth (other than dental or vision)	b Dental	С	Vision		d Life insurance
	e 🗌 Te	emporary disability (accident and sickness)	f Long-term disab	ility g	Supplemental unemp	oloyment I	h Prescription drug
	i St	top loss (large deductible)	j HMO contract	k	PPO contract		I Indemnity contract
	m 0	ther (specify)	_	_			_
9	Experien	ce-rated contracts:					
	a Prem	niums: (1) Amount received		9a(1)		698474	
	(2) I	ncrease (decrease) in amount due but unpaid	ł	9a(2)		0	
	(3) I	ncrease (decrease) in unearned premium res	erve	9a(3)		0	
	(4) E	Earned ((1) + (2) - (3))				9a(4)	698474
	b Ber	nefit charges (1) Claims paid		9b(1)		0	
	(2) I	ncrease (decrease) in claim reserves		9b(2)		0	
	(3) I	ncurred claims (add (1) and (2))				9b(3)	0
	` '	Claims charged				9b(4)	0
		mainder of premium: (1) Retention charges (o	,	[a (a)(a) [0	_
		(A) Commissions				0	_
		(B) Administrative service or other fees		0 (4)(0)		0	
		(C) Other specific acquisition costs		0 (4)(5)		0	_
		(D) Other expenses		0 (4)(5)		0	
		(E) Taxes		0 (4)(=)		0	
		(F) Charges for risks or other contingencies.		0 (4)(0)		0	_
		(G) Other retention charges					0
		(H) Total retention				9c(1)(H)	
	_	Dividends or retroactive rate refunds. (These	□ '			9c(2)	0
		tus of policyholder reserves at end of year: (1	,			9d(1)	0
	()	Claim reserves				9d(2)	0
	` '	Other reserves				9d(3)	0
40		idends or retroactive rate refunds due. (Do n	ot include amount enter	ed in c(2) .)		9e	0
10		perience-rated contracts:				40	0
		al premiums or subscription charges paid to c				10a	U
	rete	ne carrier, service, or other organization incuriention of the contract or policy, other than rep	, ,		•	10b	0
	Specify	y 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	

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

Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).				This For	m is Open to Public Inspection		
For calendar plan year 20	09 or fiscal pla	an year beginning 01/01/2009	9	and er	nding 12	/31/2009	
A Name of plan WARNER MUSIC GROU	P HEALTH &	WELFARE BENEFITS PLAN			e-digit number (PI	N) •	501
C Plan sponsor's name a WARNER MUSIC GROU		ne 2a of Form 5500.		D Emplo		ation Number	(EIN)
		ning Insurance Contrac Individual contracts grouped a					
1 Coverage Information:							
(a) Name of insurance ca		W YORK					
			(e) Approximate n	ımher of		Policy or co	ontract year
(b) EIN	(c) NAIC code	(d) Contract or identification number	persons covered a	t end of	(f)	From	(g) To
13-2556568	64548	ABY960170	19			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	other persons in
(a) Total amount of commissions paid (b) Total amount of fees paid							
		6866					
3 Persons receiving com	missions and	fees. (Complete as many entrie	es as needed to report all	nersons)			
• 1 crooms receiving com		and address of the agent, broke			ions or fees	were paid	
KANE PARTNERS	(3)	145	LIBRARY LANE MARONECK, NY 10543				
(b) Amount of sales ar	nd hoos	F	ees and other commissio	ns paid			
commissions pa		(c) Amount		(d) Purpose	9		(e) Organization code
	6866						3
	(a) Name	and address of the agent, broke	er or other person to who	m commiss	ions or fees	were paid	
	(a) Name	and address of the agent, broke	or, or other person to who	111 COMMINISS	10113 01 1003	were paid	
(b) Amount of sales ar	nd base	F	ees and other commissio	ns paid			
commissions pa		(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)	and address of the agont, or	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	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	

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Schedule A (I	Form 550	0) 2009
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Pa	Part III Welfare Benefit Contract Information If more than one contract covers the same group of eminformation may be combined for reporting purposes if the entire group of such individual contracts with each	such contracts are experience	ce-rated as a unit. Where contract	
8	Benefit and contract type (check all applicable boxes)			
	a ☐ Health (other than dental or vision) b ☐ De	ental C	Vision	d Life insurance
	e ☐ Temporary disability (accident and sickness) f ☐ Lo	ng-term disability g	Supplemental unemployment	h Prescription drug
	i ☐ Stop loss (large deductible) j ☐ HN	MO contract k	PPO contract	I Indemnity contract
	m ☒ Other (specify) ► ACCIDENTAL DEATH & DISMEMBE			
9	Experience-rated contracts:			
	a Premiums: (1) Amount received	9a(1)	0	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	0	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	0	
	(4) Earned ((1) + (2) - (3))			0
	b Benefit charges (1) Claims paid	9b(1)	0	
	(2) Increase (decrease) in claim reserves	9b(2)	0	
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	0
	C Remainder of premium: (1) Retention charges (on an accre	ual basis)		
	(A) Commissions	9c(1)(A)	0	
	(B) Administrative service or other fees		0	
	(C) Other specific acquisition costs		0	
	(D) Other expenses	9c(1)(D)	0	
	(E) Taxes		0	
	(F) Charges for risks or other contingencies		0	
	(G) Other retention charges	9c(1)(G)	0	
	(H) Total retention		9c(1)(H)	0
	(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	retirement9d(1)	0
	(2) Claim reserves		9d(2)	0
	(3) Other reserves		9d(3)	0
	e Dividends or retroactive rate refunds due. (Do not include	amount entered in c(2).)	9e	0
10	Nonexperience-rated contracts:			
	a Total premiums or subscription charges paid to carrier		10a	34331
	b If the carrier, service, or other organization incurred any sp retention of the contract or policy, other than reported in Pa			
	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	

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.

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

		pursuant to E	RISA section 103(a)(2).				Inspection
For calendar plan year 200	09 or fiscal plar	year beginning 01/01/2009		and en	ding 12	2/31/2009	
A Name of plan WARNER MUSIC GROUP	P HEALTH & V	VELFARE BENEFITS PLAN	E	B Three plan	e-digit number (Pl	N) •	501
C Plan sponsor's name a WARNER MUSIC GROUP		e 2a of Form 5500.	ľ	D Employ 13-356		cation Number (EIN)
		ing Insurance Contract C Individual contracts grouped as a					
1 Coverage Information:							
(a) Name of insurance car KAISER FOUNDATION H		S INC.					
	(c) NAIC	(d) Contract or	(e) Approximate num			Policy or co	ntract year
(b) EIN	code	identification number	persons covered at e		(f)	From	(g) To
94-1340523	N/A	227623	89		01/01/20	009	12/31/2009
2 Insurance fee and communication descending order of the		ation. Enter the total fees and tota	al commissions paid. List	in item 3	the agents	, brokers, and o	ther persons in
(a) Total a	amount of comr			(b) To	tal amount	of fees paid	
		21174					
3 Persons receiving com	missions and fe	ees. (Complete as many entries a	as needed to report all pe	ersons).			
	(a) Name a	nd address of the agent, broker, o		commissi	ons or fees	were paid	
ROBERT FITZPATRICK			BRARY LN ARONECK, NY 10543				
(b) Amount of sales ar	nd base	Fees	s and other commissions	paid			
commissions pai		(c) Amount	(d)) Purpose	<u> </u>		(e) Organization code
	21174	21174					3
	(a) Name a	nd address of the agent, broker,	or other person to whom	commissi	ons or fees	were paid	
(b) Amount of sales ar	nd hase	Fee:	s and other commissions	paid			
commissions pai		(c) Amount	(d)) Purpose)	•	(e) Organization code
For Paperwork Reductio	n Act Notice a	nd OMB Control Numbers, see	the instructions for For	rm 5500.		Sche	edule A (Form 5500) 2009

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)	and address of the agont, or	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

Pá	art 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	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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_	
loyer(s) or members of the same e	en

Pá	art III	Welfare Benefit Contract Informat	ion					
		If more than one contract covers the same gr information may be combined for reporting pu the entire group of such individual contracts w	urposes if such contracts	are experienc	e-rated as a unit. Wh	ere contract		
8	Benef	it and contract type (check all applicable boxes)						
	a X	Health (other than dental or vision)	b Dental	С	Vision		d Life insurance	
	e 🗌	Temporary disability (accident and sickness)	f Long-term disabili	ty g	Supplemental unemp	oloyment	h Prescription drug	
	i 🗌	Stop loss (large deductible)	j HMO contract	k	PPO contract		I Indemnity contract	ct
	mΞ	Other (specify)	- Ц		•		<u> </u>	
	Ш							
9	Experi	ence-rated contracts:						
	a Pr	emiums: (1) Amount received		9a(1)			1	
	(2	2) Increase (decrease) in amount due but unpaid	l	9a(2)				
		B) Increase (decrease) in unearned premium res						
	(4	4) Earned ((1) + (2) - (3))				9a(4)		
		Benefit charges (1) Claims paid						
	(2	2) Increase (decrease) in claim reserves		9b(2)				
	(3	3) Incurred claims (add (1) and (2))				9b(3)		
	(4	l) Claims charged				9b(4)		
	C F	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)			<u>_</u>	
		(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						
		(G) Other retention charges		9c(1)(G)		ı		
		(H) Total retention	<u>.</u>	<u></u>		9c(1)(H)		
	(2	2) Dividends or retroactive rate refunds. (These	amounts were paid ir	n cash, or 📗 d	credited.)	9c(2)		
	d 8	Status of policyholder reserves at end of year: (1) Amount held to provide	benefits after	retirement	9d(1)		
	(2	2) Claim reserves				9d(2)		
	(:	3) Other reserves				9d(3)		
	e D	Dividends or retroactive rate refunds due. (Do no	ot include amount entered	d in c(2) .)		9e		
10) None	experience-rated contracts:				r		
	a T	otal premiums or subscription charges paid to c	arrier			10a		479041
		the carrier, service, or other organization incurr	, ,		•	406		
		etention of the contract or policy, other than repo	orted in Part I, item 2 abo	ve, report amo	ount	10b		
	Spe	cify 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	

Schedule A (Form 5500) 2009

Form 5558 (Rev. January 2008) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

For Privacy Act and Paperwork Reduction Act Notice, see instructions on page 3.

OMB No. 1545-0212

File With IRS Only

Α	Identification						
м	Name of filer, plan administrator, or plan sponsor (see instructions)	В		-	ring number (s		ns).
	Warner Music Group, Inc.		Empl	oyer iden	tification numbe	er (EIN).	
	Number, street, and room or suite no. (If a P.O. box, see instructions)		1	3		3565869	
	75 Rockefeller Piaza, 7th floor City or town, state, and ZIP code		Socia	I security	number (SSN)		
					4	1	
	NY, NY 10019		Dia		Dlan	i andin	
)	Plan name		Pla: numb	}	MM	year endin	YYYY
1	Warner Music Group Health & Welfare Benefits Plan	5	0	1	12	31	2009
,		-					
2							Ä
3 3	t II Extension of Time to File Form 5500 or Form 5500-	- EZ (see in:	struc	tions)			
	I request an extension of time until 10 / 15 / 2010 to fil	e Form 5500	or F	orm 5.5	00-EZ.		
	The application is automatically approved to the date shown on normal due date of Form 5500 or 5500-EZ for which this extension months after the normal due date.						
	You must attach a copy of this Form 5558 to each Form 5500 and 550	00-EZ filed af	ter th	e due c	late for the p	lans listed i	n C above.
ote	. A signature is not required if you are requesting an extension to file Form	5500 or Form	550)-EZ.			
2	I request an extension of time until to fil	le Form 5330)			(6	
	You may be approved for up to a six (6) month extension to file Form 533		ormal	due dat	e of Form 530	30.	
	You may be approved for up to a six (6) month extension to file Form 533 Enter the Code section(s) imposing the tax	0, after the n	ormal a		e of Form 533	30.	
а		0, after the no			e of Form 530	30.	
a b	Enter the Code section(s) imposing the tax	0, after the no	_ a		e of Form 530	l 1	
a b	Enter the Code section(s) imposing the tax	0, after the no	_ a		e of Form 530	b	
a b	Enter the Code section(s) imposing the tax	0, after the no	_ a		e of Form 53(b	
a b	Enter the Code section(s) imposing the tax	0, after the no	_ a		e of Form 53(b	
a b	Enter the Code section(s) imposing the tax	0, after the no	_ a		e of Form 53	b	
a b	Enter the Code section(s) imposing the tax	0, after the no	_ a		e of Form 530	b	
a b	Enter the Code section(s) imposing the tax	0, after the no	_ a		e of Form 53(b	
a b	Enter the Code section(s) imposing the tax	0, after the no	_ a		e of Form 53(b	
a b c	Enter the Code section(s) imposing the tax	0, after the no	_ a		e of Form 53(b	
a b	Enter the Code section(s) imposing the tax	0, after the no	_ a		e of Form 53(b	
a b c	Enter the Code section(s) imposing the tax	0, after the no	_ a		e of Form 53	b	