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), 6057(b), 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

2013

| | , , | | | | | Inspection | |
|---------------|---|---|------------------------|---------------------------|----------------------|--------------------------------|---------|
| Part I | Annual Report Identific | ation Information | | | | | |
| For cale | ndar plan year 2013 or fiscal plan | | | and ending 12/3 | 31/2013 | | |
| A This | return/report is for: | a multiemployer plan; | a multipl | e-employer plan; or | | | |
| | · | a single-employer plan; | ☐ a DFE (s | specify) | | | |
| | | | | | | | |
| D This | | the first return/report; | ☐ the final | return/report; | | | |
| D This | return/report is: | | = | | | (1) | |
| | an amended return/report; a short plan year return/report (less | | | s than 12 m | ontns). | | |
| C If the | plan is a collectively-bargained plan | an, check here | | | | . ▶ 🗌 | |
| D Chec | k box if filing under: | Form 5558; | automat | ic extension; | th | e DFVC program; | |
| | G | special extension (enter des | cription) | | | | |
| Part | II Pasic Plan Information | | | | | | |
| | | on—enter all requested informa | ition | | 16 | Thurs divitudes | |
| | ne of plan | ON EMPLOYEE BENEEITS DI | ANI | | 10 | Three-digit plan number (PN) ▶ | 505 |
| AIVIERIC | AMERICAN WATER WORKS ASSOCIATION EMPLOYEE BENEFITS PLAN | | | 10 | Effective date of pl | an | |
| | | | | | ' | 01/01/2006 | u., |
| 2a Plar | sponsor's name and address; inc | lude room or suite number (emp | lover, if for a single | -employer plan) | 2b | Employer Identifica | ation |
| | | (3) | ,, | | | Number (EIN) | |
| AMERIC | CAN WATER WORKS ASSOCIAT | ON | | | | 13-5660277 | |
| | | | | | 2c | Sponsor's telephor | ne |
| | | | | | | number | |
| 6666 WE | EST QUINCY AVENUE | 6666 WES | ST QUINCY AVENU | IE . | | 303-794-7711 | |
| | R, CO 80235 | | CO 80235 | _ | 2d | Business code (se | е |
| | | | | instructions) 813000 | | | |
| | | | | | | 010000 | |
| | | | | | | | |
| | | | | | | | |
| Caution | : A penalty for the late or incom | plete filing of this return/repor | t will be assessed | unless reasonable caus | e is establi | shed. | |
| Under pe | enalties of perjury and other penalt | ies set forth in the instructions, I | declare that I have | examined this return/repo | rt, including | accompanying sche | edules, |
| | nts and attachments, as well as the | | | | | | |
| | | | | | | | |
| SIGN | Filed with authorized/valid electron | nic signature | 07/29/2014 | KEVIN MANN | | | |
| HERE | | | | | | | |
| | Signature of plan administrato | r | Date | Enter name of individua | ai signing as | plan administrator | |
| OLON | | | | | | | |
| SIGN HERE | Filed with authorized/valid electron | nic signature. | 07/29/2014 | KEVIN MANN | | | |
| | Signature of employer/plan sp | onsor | Date | Enter name of individua | al signing as | employer or plan sp | onsor |
| | | | | | | | |
| SIGN | | | | | | | |
| HERE | Signature of DEE | | Date | Enter name of individua | al aigning ag | DEE | |
| Preparer | Signature of DFE 's name (including firm name, if ap | onlicable) and address: include r | | Enter name of individua | | telephone number | |
| opa. o. | o name (meraamg mm name, map | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | ,,, (op.,o,,,,, | (optional) | | |
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| | Form 5500 (2013) | Pag | e 2 | | |
|----------|--|--------------------------|---|-------------------------------|----------------|
| 3a | Plan administrator's name and address X Same as Plan Sponsor Name | Same as Plan | Sponsor Address | 3b Administrate | or's EIN |
| | | | | 3c Administrato number | or's telephone |
| | | | | | |
| 4 | If the name and/or EIN of the plan sponsor has changed since the last return and the plan number from the last return/report: | rn/report filed for | r this plan, enter the name, | 4b EIN | |
| а | Sponsor's name | | | 4c PN | |
| 5 | Total number of participants at the beginning of the plan year | | | 5 | 142 |
| 6 | Number of participants as of the end of the plan year (welfare plans comple | ete only lines 6a, | , 6b , 6c , and 6d). | | |
| а | Active participants | | | 6a | 143 |
| b | Retired or separated participants receiving benefits | | | 6b | |
| С | Other retired or separated participants entitled to future benefits | | | 6c | |
| d | Subtotal. Add lines 6a, 6b, and 6c | | | 6d | 143 |
| е | Deceased participants whose beneficiaries are receiving or are entitled to r | receive benefits. | | 6e | |
| f | Total. Add lines 6d and 6e . | | | 6f | 143 |
| g | Number of participants with account balances as of the end of the plan year complete this item) | | | 6g | |
| h | Number of participants that terminated employment during the plan year wiless than 100% vested | | | 6h | |
| 7 | Enter the total number of employers obligated to contribute to the plan (only | | | | |
| | If the plan provides pension benefits, enter the applicable pension feature of the plan provides welfare benefits, enter the applicable welfare feature code 4A 4B 4D 4E 4F 4H 4L 4Q | | | | |
| 9a 10 | Plan funding arrangement (check all that apply) (1) | (1) (2) (3) (4) | nefit arrangement (check all the line line line line line line line lin |) insurance contrac | |
| | Pension Schedules (1) R (Retirement Plan Information) | b Genera | al Schedules H (Financial Infor | · | · |
| | Purchase Plan Actuarial Information) - signed by the plan actuary | (3) (4) | X 8 A (Insurance Info | ormation) der Information) | , |
| | (3) SB (Single-Employer Defined Benefit Plan Actuarial | (5) | UFE/Participa | iting Plan Information | on) |

(6)

G (Financial Transaction Schedules)

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

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

2013

| , | | | ERISA section 103(a)(2). | normation | | Inspection |
|--|------------------|---|---|----------------------------|-----------------------|-----------------------|
| For calendar plan year 20 | 13 or fiscal pla | n year beginning 01/01/2013 | | and ending | 12/31/2013 | |
| A Name of plan AMERICAN WATER WOR | RKS ASSOCIA | TION EMPLOYEE BENEFITS F | PLAN B | Three-digit plan numbe | er (PN) | 505 |
| C Plan sponsor's name a AMERICAN WATER WOR | | | D | Employer Ide 13-5660277 | entification Number | (EIN) |
| | | ning Insurance Contract Individual contracts grouped as | | | | |
| 1 Coverage Information: | | <u> </u> | | • | J | |
| (a) Name of insurance ca | | | | | | |
| | (c) NAIC | (d) Contract or | (e) Approximate numb | | Policy or c | ontract year |
| (b) EIN | code | identification number | persons covered at en policy or contract year | | (f) From | (g) To |
| 06-6033492 | 60054 | 471243 | 271 | 01/0 | 01/2013 | 12/31/2013 |
| 2 Insurance fee and com descending order of the | | ation. Enter the total fees and to | otal commissions paid. List in | line 3 the age | ents, brokers, and o | ther persons in |
| (a) Total a | amount of com | missions paid | | (b) Total am | ount of fees paid | |
| | 27865 | | | | | |
| 3 Persons receiving com | missions and f | ees. (Complete as many entries | s as needed to report all pers | sons). | | |
| | | and address of the agent, broker | | mmissions or | fees were paid | |
| VAN GILDER INSURANC | CE CORP | | 5 WYNKOOP ST IVER, CO 80202 | | | |
| (b) Amount of sales ar | nd hase | Fe | es and other commissions p | aid | | |
| commissions pa | | (c) Amount | (d) Purpose | | (e) Organization code | |
| | 27865 | 0 | | | | 3 |
| (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid | | | | | | |
| | | | | | | |
| (b) Amount of sales ar | nd base | Fe | es and other commissions p | aid | | |
| commissions pa | | (c) Amount | (d) | Purpose | | (e) Organization code |
| | | | | | | |
| | | | | | | I. |

| Schedule A (Form 5500) | 2013 | Page 2 - 1 | | | | |
|---|--|---|-----------------------|--|--|--|
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees w | vere paid | | | |
| (4) | and and address of the agent, stone | ., | | | | |
| | | | | | | |
| | | | | | | |
| | | Fees and other commissions paid | | | | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code | | | |
| | (o) / tinodit | (a) 1 dipose | 0000 | | | |
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| | | | | | | |
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees w | ere paid | | | |
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| | | | | | | |
| | | Fees and other commissions paid | | | | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code | | | |
| | (O) / timodine | (a) 1 diposes | 0000 | | | |
| | | | | | | |
| | | | | | | |
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees w | vere paid | | | |
| | _ | | | | | |
| | | | | | | |
| | | | | | | |
| | | Fees and other commissions paid | | | | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code | | | |
| | (o) / unoun | (4) | 3345 | | | |
| | | | | | | |
| | | | | | | |
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees w | vere paid | | | |
| | | | | | | |
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| | | | | | | |
| | | Fees and other commissions paid | () 0 | | | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code | | | |
| | (1) | (2) | | | | |
| | | | | | | |
| | | | | | | |
| (a) Na | (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| (h) Amount of calca and har- | | Fees and other commissions paid | (2) Omanination | | | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code | | | |
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| Pa | art II | | | | | |
|----|----------------|--|----------------|--------------------------|--------------------|------------------------|
| | | Where individual contracts are provided, the entire group of such individual this report. | idual contra | cts with each carrier ma | ly be treated as a | 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 | |
| 6 | Cont | racts With Allocated Funds: | | | | _ |
| | а | State the basis of premium rates • | | | | |
| | _ | | | | | |
| | b | Premiums paid to carrier | | | 6b | |
| | C _. | Premiums due but unpaid at the end of the year | | | 6с | |
| | d | If the carrier, service, or other organization incurred any specific costs in coretention of the contract or policy, enter amount. | | | 6d | |
| | | Specify nature of costs | | | | |
| | | | | | | |
| | е | Type of contract: (1) individual policies (2) group deferred | d annuity | | | |
| | | (3) other (specify) | | | | |
| | | | | | | |
| | f | If contract purchased, in whole or in part, to distribute benefits from a termin | nating plan, o | check here | | |
| 7 | Cont | racts With Unallocated Funds (Do not include portions of these contracts ma | | | | |
| | а | | | tion guarantee | | |
| | | (3) guaranteed investment (4) other | | · · | | |
| | | (3) guaranteed investment (4) direct (| | | | |
| | | | | | | |
| | b | Balance at the end of the previous year | | | 7b | |
| | C | Additions: (1) Contributions deposited during the year | 1 | | 75 | |
| | | (2) Dividends and credits | 7c(2) | | | |
| | | (3) Interest credited during the year | - (a) | | | |
| | | (4) Transferred from separate account | 7c(4) | | | |
| | | (5) Other (specify below) | 7c(5) | | | |
| | | • | | | | |
| | | | | | | |
| | | | | | | |
| | | (6)Total additions | | | 7c(6) | |
| | d | Total of balance and additions (add lines 7b and 7c(6)). | | | 7d | |
| | | Deductions: | | | | |
| | | (1) Disbursed from fund to pay benefits or purchase annuities during year | 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 line 7e(5) from line 7d) | | | | |

| Page 4 | | |
|---------------|--|--|
| | | |
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| Schedule A (Form 5500) 2013 | P | age 4 | |
|---|--|------------------------------|---|
| Part III Welfare Benefit Contract Informa If more than one contract covers the same g information may be combined for reporting p the entire group of such individual contracts | roup of employees of the same emplo urposes if such contracts are experien with each carrier may be treated as a | nce-rated as a unit. Where o | contracts cover individual employees, |
| 8 Benefit and contract type (check all applicable boxes | | | |
| a X Health (other than dental or vision) | b Dental C | Vision | d Life insurance |
| e Temporary disability (accident and sickness) | f Long-term disability g | Supplemental unemployn | ment h $\overline{\mathbb{X}}$ Prescription drug |
| i Stop loss (large deductible) | j HMO contract k | PPO contract | I Indemnity contract |
| m ☐ Other (specify) ▶ | | <u> </u> | _ |
| | | | |
| 9 Experience-rated contracts: | | | |
| a Premiums: (1) Amount received | 9a(1) | | |
| (2) Increase (decrease) in amount due but unpai | d 9a(2) | | |
| (3) Increase (decrease) in unearned premium re- | serve 9a(3) | | |
| (4) Earned ((1) + (2) - (3)) | | g | 9a(4) |
| b Benefit charges (1) Claims paid | | | |
| (2) Increase (decrease) in claim reserves | 9b(2) | | |
| (3) Incurred claims (add (1) and (2)) | | | 9b(3) |
| (4) Claims charged | | <u>g</u> | 9b(4) |
| c Remainder of premium: (1) Retention charges (| , | | |
| (A) Commissions | | | |
| (B) Administrative service or other fees | | | |
| (C) Other specific acquisition costs | | | |
| (D) Other expenses | | | |
| (E) Taxes | - (1)(=) | | |
| (F) Charges for risks or other contingencies. | 0 (4)(0) | | |
| (G) Other retention charges | 9c(1)(G) | | 411411 |
| (H) Total retention | <u> </u> | | :(1)(H) |
| (2) Dividends or retroactive rate refunds. (These | e amounts were 📗 paid in cash, or 📙 | credited.)g | 9c(2) |
| d Status of policyholder reserves at end of year: (| I) Amount held to provide benefits after | er retirement9 | 9d(1) |
| (2) Claim reserves | | g | 9d(2) |
| (3) Other reserves | | | 9d(3) |
| e Dividends or retroactive rate refunds due. (Do r | ot include amount entered in line 9c(2 | 2).) | 9e |
| 10 Nonexperience-rated contracts: | | | |
| a Total premiums or subscription charges paid to | | | 10a 1381008 |
| b If the carrier, service, or other organization incur retention of the contract or policy, other than rep | | - | 10b |
| Specify nature of costs | | <u></u> | |

| 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.

Insurance companies are required to provide the information

OMB No. 1210-0110

2013

| | | | ERISA section 103(a)(2). | ioimation | | Inspection |
|--|---|------------------------------------|--|-------------------------------|-------------------|-----------------------|
| For calendar plan year 20 | 13 or fiscal pla | n year beginning 01/01/2013 | 6 | and ending | 12/31/2013 | |
| A Name of plan AMERICAN WATER WO | RKS ASSOCIA | TION EMPLOYEE BENEFITS F | PLAN | Three-digit plan number (| PN) | 505 |
| | | | | | | |
| C Plan sponsor's name a AMERICAN WATER WO | | | | Employer Identi 13-5660277 | fication 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 | ırrier | | | | | |
| BENSINGER, DUPONT | & ASSOCIATE | S | | | | |
| /h) [IN] | (c) NAIC | (d) Contract or | (e) Approximate number | | Policy or c | ontract year |
| (b) EIN | code | identification number | persons covered at end policy or contract yea | | (f) From | (g) To |
| 36-3185080 | 62419 | AWWA EAP | 426 | 01/01/ | 2013 | 12/31/2013 |
| 2 Insurance fee and com descending order of the | | ation. Enter the total fees and to | tal commissions paid. List in | line 3 the agent | s, brokers, and o | ther persons in |
| (a) Total | amount of com | missions paid | | (b) Total amou | nt of fees paid | |
| | | 0 | | | | 0 |
| 3 Persons receiving com | missions and f | ees. (Complete as many entries | s as needed to report all perso | ons). | | |
| | (a) Name a | and address of the agent, broker | , or other person to whom co | mmissions or fe | es were paid | |
| | | | | | | |
| (b) Amount of sales a | nd hase | Fe | es and other commissions pa | iid | | |
| commissions pa | | (c) Amount | (d) P | urpose | | (e) Organization code |
| | | | | | | |
| | (a) Name a | and address of the agent, broker | or other person to whom co | mmissions or fe | es were paid | |
| | (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid | | | | | |
| | | | | | | |
| (b) Amount of sales a | nd base | Fe | es and other commissions pa | id | | |
| commissions pa | | (c) Amount | (d) P | urpose | | (e) Organization code |
| | | | | | | |

| Schedule A (Form 5500) | 2013 | Page 2 - 1 | | | | |
|---|--|---|-----------------------|--|--|--|
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees w | vere paid | | | |
| (4) | and and address of the agent, stone | ., | | | | |
| | | | | | | |
| | | | | | | |
| | | Fees and other commissions paid | | | | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code | | | |
| | (o) / tinodit | (a) 1 dipose | 0000 | | | |
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| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees w | ere paid | | | |
| | | | | | | |
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| | | | | | | |
| | | Fees and other commissions paid | | | | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code | | | |
| | (O) / timodine | (a) 1 diposes | 0000 | | | |
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| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees w | vere paid | | | |
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| | | | | | | |
| | | Fees and other commissions paid | | | | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code | | | |
| | (o) / unoun | (4) | 3345 | | | |
| | | | | | | |
| | | | | | | |
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees w | vere paid | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | Fees and other commissions paid | () 0 | | | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code | | | |
| | (1) | (2) | | | | |
| | | | | | | |
| | | | | | | |
| (a) Na | (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid | | | | | |
| | | | | | | |
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| | | | | | | |
| (h) Amount of calca and har- | | Fees and other commissions paid | (2) Omanination | | | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code | | | |
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| Part II | | | | | | |
|---------|----------------|--|----------------|--------------------------|--------------------|------------------------|
| | | Where individual contracts are provided, the entire group of such individual this report. | idual contra | cts with each carrier ma | ly be treated as a | 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 | | |
| 6 | Cont | racts With Allocated Funds: | | | | _ |
| | а | State the basis of premium rates • | | | | |
| | _ | | | | | |
| | b | Premiums paid to carrier | | | 6b | |
| | C _. | Premiums due but unpaid at the end of the year | | | 6с | |
| | d | If the carrier, service, or other organization incurred any specific costs in coretention of the contract or policy, enter amount. | | | 6d | |
| | | Specify nature of costs | | | | |
| | | | | | | |
| | е | Type of contract: (1) individual policies (2) group deferred | d annuity | | | |
| | | (3) other (specify) | | | | |
| | | | | | | |
| | f | If contract purchased, in whole or in part, to distribute benefits from a termin | nating plan, o | check here | | |
| 7 | Cont | racts With Unallocated Funds (Do not include portions of these contracts ma | | | | |
| | а | | | tion guarantee | | |
| | | (3) guaranteed investment (4) other | | · · | | |
| | | (3) guaranteed investment (4) direct (| | | | |
| | | | | | | |
| | b | Balance at the end of the previous year | | | 7b | |
| | C | Additions: (1) Contributions deposited during the year | 1 | | 75 | |
| | | (2) Dividends and credits | 7c(2) | | | |
| | | (3) Interest credited during the year | - (a) | | | |
| | | (4) Transferred from separate account | 7c(4) | | | |
| | | (5) Other (specify below) | 7c(5) | | | |
| | | • | | | | |
| | | | | | | |
| | | | | | | |
| | | (6)Total additions | | | 7c(6) | |
| | d | Total of balance and additions (add lines 7b and 7c(6)). | | | 7d | |
| | | Deductions: | | | | |
| | | (1) Disbursed from fund to pay benefits or purchase annuities during year | 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 line 7e(5) from line 7d) | | | | |

| Schedule A (Form 5500) 2013 | Page 4 |
|---|---|
| | of the same employer(s) or members of the same employee organizations(s), the ntracts are experience-rated as a unit. Where contracts cover individual employee may be treated as a unit for purposes of this report. |
| efit and contract type (check all applicable boxes) | |
| Health (other than dental or vision) b Dental | c ☐ Vision d ☐ Life insurance |
| Temporary disability (accident and sickness) f Long-term (| disability g Supplemental unemployment h Prescription drug |
| Stop loss (large deductible) j HMO contra | |
| ■ Other (specify) ▶ EMPLOYEE ASSISTANCE PROGRAM | |
| J | |
| erience-rated contracts: | |
| Premiums: (1) Amount received | |
| (2) Increase (decrease) in amount due but unpaid | |
| (3) Increase (decrease) in unearned premium reserve | |
| (4) Earned ((1) + (2) - (3)) | 9a(4) |
| Benefit charges (1) Claims paid | |
| (2) Increase (decrease) in claim reserves | |
| (3) Incurred claims (add (1) and (2)) | |
| (4) Claims charged | |
| Remainder of premium: (1) Retention charges (on an accrual basis | |
| (A) Commissions | 9c(1)(A) |

9c(1)(H)

9c(2)

9d(1)

9d(2) 9d(3)

9e

10a

10b

2982

retention of the contract or policy, other than reported in Part I, line 2 above, report amount..... Specify nature of costs

10 Nonexperience-rated contracts:

8 Benefit and contract type (check all applicable boxes) a Health (other than dental or vision)

Experience-rated contracts:

m X Other (specify) ▶EMPLOYEE ASSISTANCE PROGRAM

a Premiums: (1) Amount received..... (2) Increase (decrease) in amount due but unpaid.....

Remainder of premium: (1) Retention charges (on an accrual basis) --(A) Commissions (B) Administrative service or other fees.....

(C) Other specific acquisition costs (D) Other expenses.....

(E) Taxes.....

(F) Charges for risks or other contingencies.....

(H) Total retention.....

(2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.).....

(2) Claim reserves

(3) Other reserves..... Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....

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

d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement

Part III

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

9c(1)(B) 9c(1)(C)

9c(1)(D) 9c(1)(E)

9c(1)(F)

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

2013

| , | | pursuant to | ERISA section 103(a)(2) | | ion | | Inspection |
|---|---|--|-------------------------------|---------------|-----------------------|----------------|-----------------------|
| For calendar plan year 20 | 113 or fiscal plar | n year beginning 01/01/2013 | | and en | ding 12/ | 31/2013 | |
| A Name of plan AMERICAN WATER WOI | A Name of plan AMERICAN WATER WORKS ASSOCIATION EMPLOYEE BENEFITS | | | B Three plan | e-digit number (PN | l) > | 505 |
| | | | | | | | |
| C Plan sponsor's name as shown on line 2a of Form 5500 AMERICAN WATER WORKS ASSOCIATION D Employer Identification Number 13-5660277 | | | | | ation Numbe | r (EIN) | |
| | | ing Insurance Contract Individual contracts grouped as | | | | | |
| 1 Coverage Information: | te Scriedule A. | individual contracts grouped as | s a unit in Farts II and in t | can be repu | orted on a si | rigie Scriedu | le A. |
| (a) Name of insurance ca | orrior | | | | | | |
| `, | | | | | | | |
| DELTA DENTAL OF CO | T | 1 | (e) Approximate nu | imbor of | | Policy or | contract year |
| (b) EIN | (c) NAIC code | (d) Contract or identification number | persons covered a | t end of | (f) | From | (g) To |
| 84-0568337 | 55875 | 162 163 | 29 | | 01/01/201 | 13 | 12/31/2013 |
| | | I ation. Enter the total fees and to | tal commissions paid. Li | st in line 3 | the agents, I | brokers, and | other persons in |
| descending order of the | amount of comr | missions paid | | (b) To | otal amount o | of fees paid | |
| (5) | | 4330 | | () | | | 0 |
| 3 Persons receiving com | missions and fe | ees. (Complete as many entries | s as needed to report all | persons). | | | |
| | (a) Name a | nd address of the agent, broker | | m commissi | ions or fees | were paid | |
| VAN GILDER INSURANCE | CE CORP | | WYNKOOP ST VER, CO 80202 | | | | |
| | | | | | | | |
| | | | | | | | |
| (b) Amount of sales a | | | es and other commission | | | | (a) Organization and |
| commissions pa | 4330 | (c) Amount | | (d) Purpose | | | (e) Organization code |
| | .555 | | | | | | |
| | | | | | | | |
| (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| (b) Amount of sales and base Fees and other commissions paid | | | | | | | |
| commissions pa | | (c) Amount | | (d) Purpose | e | | (e) Organization code |
| | | | | | | | |
| | | | | | | | |

| Schedule A (Form 5500) | 2013 | Page 2 - 1 | | | | |
|--|-------------------------------------|---|-----------------------|--|--|--|
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees w | vere paid | | | |
| (4) | and and address of the agent, stone | ., | | | | |
| | | | | | | |
| | | | | | | |
| | | Fees and other commissions paid | | | | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code | | | |
| | (o) / tinodit | (a) 1 dipose | 0000 | | | |
| | | | | | | |
| | | | | | | |
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees w | ere paid | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | Fees and other commissions paid | | | | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code | | | |
| | (O) / timodine | (a) 1 diposes | 0000 | | | |
| | | | | | | |
| | | | | | | |
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees w | vere paid | | | |
| | _ | | | | | |
| | | | | | | |
| | | | | | | |
| | | Fees and other commissions paid | | | | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code | | | |
| | (o) / unoun | (4) | 3345 | | | |
| | | | | | | |
| | | | | | | |
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees w | vere paid | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | Fees and other commissions paid | () 0 | | | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code | | | |
| | (1) | (2) | | | | |
| | | | | | | |
| | | | | | | |
| (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| (h) Amount of calca and har- | | Fees and other commissions paid | (2) Omanination | | | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code | | | |
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| Part II | | | | | | |
|---------|----------------|--|----------------|--------------------------|--------------------|------------------------|
| | | Where individual contracts are provided, the entire group of such individual this report. | idual contra | cts with each carrier ma | ly be treated as a | 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 | | |
| 6 | Cont | racts With Allocated Funds: | | | | _ |
| | а | State the basis of premium rates • | | | | |
| | _ | | | | | |
| | b | Premiums paid to carrier | | | 6b | |
| | C _. | Premiums due but unpaid at the end of the year | | | 6с | |
| | d | If the carrier, service, or other organization incurred any specific costs in coretention of the contract or policy, enter amount. | | | 6d | |
| | | Specify nature of costs | | | | |
| | | | | | | |
| | е | Type of contract: (1) individual policies (2) group deferred | d annuity | | | |
| | | (3) other (specify) | | | | |
| | | | | | | |
| | f | If contract purchased, in whole or in part, to distribute benefits from a termin | nating plan, o | check here | | |
| 7 | Cont | racts With Unallocated Funds (Do not include portions of these contracts ma | | | | |
| | а | | | tion guarantee | | |
| | | (3) guaranteed investment (4) other | | · · | | |
| | | (3) guaranteed investment (4) clifer y | | | | |
| | | | | | | |
| | b | Balance at the end of the previous year | | | 7b | |
| | C | Additions: (1) Contributions deposited during the year | 1 | | 75 | |
| | | (2) Dividends and credits | 7c(2) | | | |
| | | (3) Interest credited during the year | - (a) | | | |
| | | (4) Transferred from separate account | 7c(4) | | | |
| | | (5) Other (specify below) | 7c(5) | | | |
| | | • | | | | |
| | | | | | | |
| | | | | | | |
| | | (6)Total additions | | | 7c(6) | |
| | d | Total of balance and additions (add lines 7b and 7c(6)). | | | 7d | |
| | | Deductions: | | | | |
| | | (1) Disbursed from fund to pay benefits or purchase annuities during year | 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 line 7e(5) from line 7d) | | | | |

| | Schedule A (Form 5500) 2013 | | Pa | ge 4 | | | | | |
|----------|--|--|---------------|------------------------|-------------------|-------------------------|--|--|--|
| Part III | Welfare Benefit Contract Information may be combined for reporting p the entire group of such individual contracts | roup of employees of the sa urposes if such contracts a | re experienc | ce-rated as a unit. Wh | ere contracts | | | | |
| 8 Bene | 8 Benefit and contract type (check all applicable boxes) | | | | | | | | |
| а | Health (other than dental or vision) | b X Dental | С | Vision | (| Life insurance | | | |
| e 🗏 | Temporary disability (accident and sickness) | f Long-term disability | , a = | Supplemental unem | olovment i | n Prescription drug | | | |
| i | Stop loss (large deductible) | i ☐ HMO contract | | PPO contract | | I Indemnity contract | | | |
| · _ | , | J [] Timo contract | ν_ | 11 0 contract | | I I Indentific Contract | | | |
| m _ | Other (specify) | | | | | | | | |
| 9 Eyne | rience-rated contracts: | | | | | | | | |
| • | remiums: (1) Amount received | Γ | 9a(1) | | 113173 | | | | |
| | 2) Increase (decrease) in amount due but unpai | - - - - - - - - - - | 9a(2) | | 110110 | | | | |
| | Increase (decrease) in unearned premium res | F | 9a(3) | | | | | | |
| | 4) Earned ((1) + (2) - (3)) | | | | 9a(4) | 113173 | | | |
| _ | Benefit charges (1) Claims paid | | 9b(1) | | 102319 | | | | |
| | 2) Increase (decrease) in claim reserves | | | | | | | | |
| | 3) Incurred claims (add (1) and (2)) | | | | 9b(3) | 102319 | | | |
| | 4) Claims charged | | | | 9b(4) | | | | |
| С | Remainder of premium: (1) Retention charges (| on an accrual basis) | | | | | | | |
| | (A) Commissions | | 9c(1)(A) | | 4330 | | | | |
| | (B) Administrative service or other fees | | 9c(1)(B) | | 6524 | | | | |
| | (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. | <u> </u> | 9c(1)(F) | | | | | | |
| | (G) Other retention charges | | 9c(1)(G) | | _ | | | | |
| | (H) Total retention | | | | 9c(1)(H) | 10854 | | | |
| | (2) Dividends or retroactive rate refunds. (These | e amounts were 📗 paid in e | cash, or 🔲 o | 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) | | | | |
| | (3) Other reserves | | | | 9d(3) | | | | |

| Specify | nature | of costs | • |
|---------|--------|----------|---|
| Opcomy | Hatuic | OI COSIS | • |

10 Nonexperience-rated contracts:

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

9e

10a

10b

e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....

a Total premiums or subscription charges paid to carrier
 b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or

retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....

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.

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

OMB No. 1210-0110

2013

| pursuant to ERISA section 103(a)(2). | | | | шэрссион | | | |
|---|---|--------------------------------------|---|---------------|----------------------|-----------------------|-----------------------|
| For calendar plan year 20 | 13 or fiscal plan | year beginning 01/01/2013 | | and en | ding 12 | 2/31/2013 | |
| A Name of plan AMERICAN WATER WOR | A Name of plan AMERICAN WATER WORKS ASSOCIATION EMPLOYEE BENEFITS PL | | | | e-digit number (P | PN) • | 505 |
| | | | | | | | |
| C Plan sponsor's name as shown on line 2a of Form 5500 AMERICAN WATER WORKS ASSOCIATION D Employer Identification Number (I | | | | | 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 | | | | | | |
| SUN LIFE ASSURANCE | COMPANY OF | CANADA | | | | | |
| | (c) NAIC | (d) Contract or | (e) Approximate nu | | | Policy or co | entract year |
| (b) EIN | code | identification number | persons covered at policy or contract | | (f) |) From | (g) To |
| 38-1082080 | 80802 | 203461 | 14 | 13 | 01/01/20 | 013 | 12/31/2013 |
| 2 Insurance fee and com descending order of the | | tion. Enter the total fees and total | al commissions paid. Li | st in line 3 | the agents | , brokers, and ot | her persons in |
| (a) Total a | amount of comn | | | (b) To | tal amount | t of fees paid | |
| | | 2759 | | | | | 0 |
| 3 Persons receiving com | missions and fe | es. (Complete as many entries | as needed to report all p | persons). | | | |
| USI COLORADO LLC | (a) Name a | | or other person to whor BOX 46510 /ER, CO 80201 | n commiss | ions or fee | s were paid | |
| | | | | | | | |
| (b) Amount of sales ar | | | Fees and other commissions paid | | | | |
| commissions pa | | (c) Amount | | (d) Purpose | | (e) Organization code | |
| 2759 0 | | | | | | | 3 |
| (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid | | | | | | | |
| | | | | | | | |
| (b) Amount of sales and base Fees and other commissions paid | | | | | | | |
| commissions pa | | (c) Amount | | (d) Purpose | e | | (e) Organization code |
| | | | | | | | |
| | A 4 N1 41 | 101170 (111 1 | | | | ٠. | |

| Schedule A (Form 5500) | 2013 | Page 2 - 1 | | | | |
|--|-------------------------------------|---|-----------------------|--|--|--|
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees w | vere paid | | | |
| (4) | and and address of the agent, stone | ., | | | | |
| | | | | | | |
| | | | | | | |
| | | Fees and other commissions paid | | | | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code | | | |
| | (o) / tinodit | (a) 1 dipose | 0000 | | | |
| | | | | | | |
| | | | | | | |
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees w | ere paid | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | Fees and other commissions paid | | | | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code | | | |
| | (O) / timodine | (a) 1 diposes | 0000 | | | |
| | | | | | | |
| | | | | | | |
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees w | vere paid | | | |
| | _ | | | | | |
| | | | | | | |
| | | | | | | |
| | | Fees and other commissions paid | | | | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code | | | |
| | (o) / unoun | (4) | 3345 | | | |
| | | | | | | |
| | | | | | | |
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees w | vere paid | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | Fees and other commissions paid | () 0 | | | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code | | | |
| | (1) | (2) | | | | |
| | | | | | | |
| | | | | | | |
| (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| (h) Amount of calca and har- | | Fees and other commissions paid | (2) Omanination | | | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code | | | |
| | , , | , , , | | | | |
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| Pa | art II | | | | | |
|----|----------------|--|----------------|--------------------------|--------------------|------------------------|
| | | Where individual contracts are provided, the entire group of such individual this report. | idual contra | cts with each carrier ma | ly be treated as a | 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 | |
| 6 | Cont | racts With Allocated Funds: | | | | _ |
| | а | State the basis of premium rates • | | | | |
| | _ | | | | | |
| | b | Premiums paid to carrier | | | 6b | |
| | C _. | Premiums due but unpaid at the end of the year | | | 6с | |
| | d | If the carrier, service, or other organization incurred any specific costs in coretention of the contract or policy, enter amount. | | | 6d | |
| | | Specify nature of costs | | | | |
| | | | | | | |
| | е | Type of contract: (1) individual policies (2) group deferred | d annuity | | | |
| | | (3) other (specify) | | | | |
| | | | | | | |
| | f | If contract purchased, in whole or in part, to distribute benefits from a termin | nating plan, o | check here | | |
| 7 | Cont | racts With Unallocated Funds (Do not include portions of these contracts ma | | | | |
| | а | | | tion guarantee | | |
| | | (3) guaranteed investment (4) other | | · · | | |
| | | (3) guaranteed investment (4) direct (| | | | |
| | | | | | | |
| | b | Balance at the end of the previous year | | | 7b | |
| | C | Additions: (1) Contributions deposited during the year | 1 | | 75 | |
| | | (2) Dividends and credits | 7c(2) | | | |
| | | (3) Interest credited during the year | - (a) | | | |
| | | (4) Transferred from separate account | 7c(4) | | | |
| | | (5) Other (specify below) | 7c(5) | | | |
| | | • | | | | |
| | | | | | | |
| | | | | | | |
| | | (6)Total additions | | | 7c(6) | |
| | d | Total of balance and additions (add lines 7b and 7c(6)). | | | 7d | |
| | | Deductions: | | | | |
| | | (1) Disbursed from fund to pay benefits or purchase annuities during year | 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 line 7e(5) from line 7d) | | | | |

| Page 4 | | | | |
|---------------------|----------|------|-----|---|
| | | | | |
| | | | | |
| oloyer(s) or member | s of the | same | emp |) |
| | | | | |

| Pa | rt 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 or | oup of employees of the surposes if such contracts a | are experienc | ce-rated as a unit. Wh | ere contrac | | |
|----|------|--|--|-----------------|------------------------|-------------|---------------------------|-------|
| 8 | Ben | efit and contract type (check all applicable boxes) | <u> </u> | | · | | | |
| | г | Health (other than dental or vision) | b Dental | С | Vision | | d X Life insurance | |
| | е | Temporary disability (accident and sickness) | f Long-term disabilit | у д | Supplemental unemp | oloyment | h Prescription drug | |
| | i | Stop loss (large deductible) | j HMO contract | k | PPO contract | | I Indemnity contract | |
| | m | Other (specify) | _ | _ | • | | _ | |
| | | | | | | | | |
| 9 | Ехр | erience-rated contracts: | _ | | | | | |
| | а | Premiums: (1) Amount received | | 9a(1) | | | | |
| | | (2) Increase (decrease) in amount due but unpaid | 1 | 9a(2) | | | | |
| | | (3) Increase (decrease) in unearned premium res | erve | 9a(3) | | | | |
| | | (4) Earned ((1) + (2) - (3)) | ······ | | | 9a(4) | | 0 |
| | b | Benefit charges (1) Claims paid | | 9b(1) | | | | |
| | | (2) Increase (decrease) in claim reserves | | 9b(2) | | | | |
| | | (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 I | benefits after | retirement | 9d(1) | | |
| | | (2) Claim reserves | | | | 9d(2) | | |
| | | (3) Other reserves | | | | 9d(3) | | |
| | е | Dividends or retroactive rate refunds due. (Do no | ot include amount entered | in line 9c(2) | .) | 9e | | |
| 10 | No | onexperience-rated contracts: | | • | , | | | |
| | а | Total premiums or subscription charges paid to o | arrier | | | 10a | | 45226 |
| | b | If the carrier, service, or other organization incurretention of the contract or policy, other than report | , · | | • | 10b | | |
| | Sı | pecify nature of costs | | o, roport arric | | | 1 | |
| | ٠ | soon, nature or coole , | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| 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.

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

OMB No. 1210-0110

2013

| | | pursuant to El | RISA section 103(a)(2). | | | mapeonon |
|---|--|---|---|--------------------------------|-----------------------|-----------------|
| For calendar plan year 20 | 13 or fiscal plan | year beginning 01/01/2013 | | and ending 1 | 12/31/2013 | |
| A Name of plan AMERICAN WATER WORKS ASSOCIATION EMPLOYEE BENEFITS P | | | AN B | Three-digit plan number (l | PN) | 505 |
| | | | | | | |
| C Plan sponsor's name a AMERICAN WATER WOR | | | D | Employer Identif 13-5660277 | fication Number (| (EIN) |
| | | ing Insurance Contract C Individual contracts grouped as a | | | | |
| 1 Coverage Information: | | | | | | |
| (a) Name of insurance ca | rrier | | | | | |
| SUN LIFE ASSURANCE | COMPANY OF | CANADA | | | | |
| | (c) NAIC | (d) Contract or | (e) Approximate number | | Policy or co | ontract year |
| (b) EIN | code | identification number | persons covered at end policy or contract year | | f) From | (g) To |
| 38-1082080 | 80802 | 203461 | 143 | 01/01/2 | 2013 | 12/31/2013 |
| 2 Insurance fee and com descending order of the | | ation. Enter the total fees and tota | I commissions paid. List in | line 3 the agents | s, brokers, and o | ther persons in |
| (a) Total | (a) Total amount of commissions paid (b) Total amount of fees paid | | | | | |
| | | 3329 | | | | 0 |
| 3 Persons receiving com | missions and fe | ees. (Complete as many entries a | as needed to report all pers | sons). | | |
| | (a) Name a | nd address of the agent, broker, o | | mmissions or fee | es were paid | |
| USI COLORADO LLC | | | OX 46510 ER, CO 80201 | | | |
| (b) Amount of sales ar | nd hase | Fees | and other commissions pa | aid | | |
| commissions pa | | (c) Amount | (d) Purpose | | (e) Organization code | |
| | 3329 | 0 | | | | 3 |
| | (a) Name a | nd address of the agent, broker, o | or other person to whom co | mmissions or fee | es were paid | |
| | | • | | | · | |
| (b) Amount of sales and base Fees and other commissions paid | | | | | | |
| commissions pa | | (c) Amount | (d) F | Purpose | (e) Organization code | |
| | | | | | | |
| | A 4 NI 4* | | | EE00 | | / |

| Schedule A (Form 5500) | 2013 | Page 2 - 1 | |
|---|-------------------------------------|---|-----------------------|
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees w | vere paid |
| (4) | and and address of the agent, stone | ., | |
| | | | |
| | | | |
| | | Fees and other commissions paid | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code |
| | (o) / tinodit | (a) 1 dipose | 0000 |
| | | | |
| | | | |
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees w | ere paid |
| | | | |
| | | | |
| | | | |
| | | Fees and other commissions paid | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code |
| | (O) / timodine | (a) 1 diposes | 0000 |
| | | | |
| | | | |
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees w | vere paid |
| | _ | | |
| | | | |
| | | | |
| | | Fees and other commissions paid | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code |
| | (o) / unoun | (4) | 3345 |
| | | | |
| | | | |
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees w | vere paid |
| | | | |
| | | | |
| | | | |
| | | Fees and other commissions paid | () 0 |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code |
| | (1) | (2) | |
| | | | |
| | | | |
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees w | ere paid |
| | | | |
| | | | |
| | | | |
| (h) Amount of calca and har- | | Fees and other commissions paid | (2) Omanination |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code |
| | , , | , , , | |
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| Pa | art II | | | | | |
|----|----------------|--|----------------|--------------------------|--------------------|------------------------|
| | | Where individual contracts are provided, the entire group of such individual this report. | idual contra | cts with each carrier ma | ly be treated as a | 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 | |
| 6 | Cont | racts With Allocated Funds: | | | | _ |
| | а | State the basis of premium rates • | | | | |
| | _ | | | | | |
| | b | Premiums paid to carrier | | | 6b | |
| | C _. | Premiums due but unpaid at the end of the year | | | 6с | |
| | d | If the carrier, service, or other organization incurred any specific costs in coretention of the contract or policy, enter amount. | | | 6d | |
| | | Specify nature of costs | | | | |
| | | | | | | |
| | е | Type of contract: (1) individual policies (2) group deferred | d annuity | | | |
| | | (3) other (specify) | | | | |
| | | | | | | |
| | f | If contract purchased, in whole or in part, to distribute benefits from a termin | nating plan, o | check here | | |
| 7 | Cont | racts With Unallocated Funds (Do not include portions of these contracts ma | | | | |
| | а | | | tion guarantee | | |
| | | (3) guaranteed investment (4) other | | · · | | |
| | | (3) guaranteed investment (4) direct (| | | | |
| | | | | | | |
| | b | Balance at the end of the previous year | | | 7b | |
| | C | Additions: (1) Contributions deposited during the year | 1 | | 75 | |
| | | (2) Dividends and credits | 7c(2) | | | |
| | | (3) Interest credited during the year | - (a) | | | |
| | | (4) Transferred from separate account | 7c(4) | | | |
| | | (5) Other (specify below) | 7c(5) | | | |
| | | • | | | | |
| | | | | | | |
| | | | | | | |
| | | (6)Total additions | | | 7c(6) | |
| | d | Total of balance and additions (add lines 7b and 7c(6)). | | | 7d | |
| | | Deductions: | | | | |
| | | (1) Disbursed from fund to pay benefits or purchase annuities during year | 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 line 7e(5) from line 7d) | | | | |

| Page 4 | |
|---|---|
| employer(s) or members of the same er perience-rated as a unit. Where contra as a unit for purposes of this report. | |
| c ☐ Vision g ☐ Supplemental unemployment k ☐ PPO contract | d Life insurance h Prescription dru I Indemnity contr |
| | |

| | | If more than one contract covers the same grainformation may be combined for reporting protection the entire group of such individual contracts of the entire group of the | urposes if such contracts are | e experienc | e-rated as a unit. Whe | ere contrac | | |
|----|------|---|-------------------------------|-----------------------|------------------------|-------------|----------------------------|-------|
| 8 | Ben | efit and contract type (check all applicable boxes) | | | | | | |
| | а | Health (other than dental or vision) | b Dental | c 🗌 | Vision | | d Life insurance | |
| | е | Temporary disability (accident and sickness) | f X Long-term disability | g 🗌 | Supplemental unemp | loyment | h Prescription drug | |
| | i [| Stop loss (large deductible) | j HMO contract | k 🗌 | PPO contract | | I Indemnity contract | |
| | m | Other (specify) | | | | | | |
| 9 | Expe | erience-rated contracts: | | | | | | |
| | a i | Premiums: (1) Amount received | | 9a(1) | | | | |
| | | (2) Increase (decrease) in amount due but unpaid | 1 | 9a(2) | | | _ | |
| | | (3) Increase (decrease) in unearned premium res | | 9a(3) | | | _ | |
| | | (4) Earned ((1) + (2) - (3)) | | | | 9a(4) | | |
| | b | Benefit charges (1) Claims paid | | 9b(1) | | , , | | |
| | | (2) Increase (decrease) in claim reserves | | 9b(2) | | | | |
| | | (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 | <u></u> | 9c(1)(A) | | | | |
| | | (B) Administrative service or other fees | | c(1)(B) | | | | |
| | | (C) Other specific acquisition costs | | c(1)(C) | | | | |
| | | (D) Other expenses | | c(1)(D) | | | | |
| | | (E) Taxes | — | c(1)(E) | | | | |
| | | (F) Charges for risks or other contingencies | | c(1)(F) | | | | |
| | | (G) Other retention charges | <u>9</u> | c(1)(G) | | | | |
| | | (H) Total retention | | | | 9c(1)(H) | , | |
| | | (2) Dividends or retroactive rate refunds. (These | e amounts were 🔲 paid in ca | ash, or 🗌 d | credited.) | 9c(2) | | |
| | d | Status of policyholder reserves at end of year: (1 |) Amount held to provide be | nefits after | retirement | 9d(1) | | |
| | | (2) Claim reserves | | | | 9d(2) | | |
| | | (3) Other reserves | | | | 9d(3) | | |
| | е | Dividends or retroactive rate refunds due. (Do n | ot include amount entered ir | n line 9c(2) . |) | 9e | | |
| 10 | | nexperience-rated contracts: | | | ı | | | |
| | | Total premiums or subscription charges paid to o | | | | 10a | 2 | 26587 |
| | b | If the carrier, service, or other organization incurretention of the contract or policy, other than rep | | | | 10b | | |
| | Sp | pecify nature of costs | | | | | | |

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

Schedule A (Form 5500) 2013

Welfare Benefit Contract Information

Part III

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

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

2013

| pursuant to ERISA section 103(a)(2). | | | | | | | |
|--|------------------|--|---|---------------------|-------------------------|-------------------|-----------------------|
| For calendar plan year 20 | 13 or fiscal pla | n year beginning 01/01/2013 | 3 | and en | ding 12 | 2/31/2013 | |
| A Name of plan AMERICAN WATER WOR | RKS ASSOCIA | TION EMPLOYEE BENEFITS | PLAN | B Three plan | e-digit number (P | N) • | 505 |
| | | | | | | | |
| C Plan sponsor's name a AMERICAN WATER WOR | | | | D Emplo | | cation Number (l | EIN) |
| | | ning Insurance Contract Individual contracts grouped a | | | | | |
| 1 Coverage Information: | | | | | | | |
| (a) Name of insurance ca | | | | | | | |
| SUN LIFE ASSURANCE | COMPANY OI | F CANADA | | | | | |
| /LA FINI | (c) NAIC | (d) Contract or | (e) Approximate nu persons covered a | | | Policy or co | ntract year |
| (b) EIN | code | identification number | policy or contrac | | (f) | From | (g) To |
| 38-1082080 | 80802 | 203461 | | 59 | 01/01/20 | 013 | 12/31/2013 |
| 2 Insurance fee and com- descending order of the | | ation. Enter the total fees and to | otal commissions paid. L | ist in line 3 | the agents, | , brokers, and ot | her persons in |
| (a) Total a | amount of com | missions paid | | (b) To | tal amount | of fees paid | |
| | | 1763 | | | | | 0 |
| 3 Persons receiving com | missions and f | ees. (Complete as many entrie | s as needed to report all | persons). | | | |
| | (a) Name a | and address of the agent, broke | | m commiss | ions or fees | s were paid | |
| USI COLORADO LLC | | | . BOX 46510 NVER, CO 80201 | | | | |
| | | | , | | | | |
| | | | | | | | |
| (b) Amount of sales ar | | | Fees and other commissions paid | | (-) One of the contract | | |
| commissions pa | 1763 | (c) Amount | | (d) Purpose | | | (e) Organization code |
| | 1703 | o o | | | | | 3 |
| | | | | | | | |
| | (a) Name a | and address of the agent, broke | r, or other person to who | m commiss | ions or fees | s were paid | |
| | | | | | | | |
| | | | | | | | |
| (b) Amount of sales and base Fees and other commissions paid | | | | | | | |
| commissions pa | | (c) Amount | | (d) Purpose | 9 | | (e) Organization code |
| | | | | | | | |
| | | | | | | | |

| Schedule A (Form 5500) | 2013 | Page 2 - 1 | |
|---|--------------------------------------|---|-----------------------|
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees w | vere paid |
| (4) | and and address of the agent, profit | ., | |
| | | | |
| | | | |
| | | Fees and other commissions paid | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code |
| | (o) / tinodit | (a) 1 dipose | 0000 |
| | | | |
| | | | |
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees w | ere paid |
| | | | |
| | | | |
| | | | |
| | | Fees and other commissions paid | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code |
| | (O) / timodine | (a) 1 diposes | 0000 |
| | | | |
| | | | |
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees w | vere paid |
| | _ | | |
| | | | |
| | | | |
| | | Fees and other commissions paid | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code |
| | (o) / unoun | (4) | 3345 |
| | | | |
| | | | |
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees w | vere paid |
| | | | |
| | | | |
| | | | |
| | | Fees and other commissions paid | () 0 |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code |
| | (1) | (2) | |
| | | | |
| | | | |
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees w | ere paid |
| | | | |
| | | | |
| | | | |
| (h) Amount of calca and har- | | Fees and other commissions paid | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code |
| | , , | , , , | |
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| Part II | | | | | | |
|---------|----------------|--|----------------|--------------------------|--------------------|------------------------|
| | | Where individual contracts are provided, the entire group of such individual this report. | idual contra | cts with each carrier ma | ly be treated as a | 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 | |
| 6 | Cont | racts With Allocated Funds: | | | | _ |
| | а | State the basis of premium rates • | | | | |
| | _ | | | | | |
| | b | Premiums paid to carrier | | | 6b | |
| | C _. | Premiums due but unpaid at the end of the year | | | 6с | |
| | d | If the carrier, service, or other organization incurred any specific costs in coretention of the contract or policy, enter amount. | | | 6d | |
| | | Specify nature of costs | | | | |
| | | | | | | |
| | е | Type of contract: (1) individual policies (2) group deferred | d annuity | | | |
| | | (3) other (specify) | | | | |
| | | | | | | |
| | f | If contract purchased, in whole or in part, to distribute benefits from a termin | nating plan, o | check here | | |
| 7 | Cont | racts With Unallocated Funds (Do not include portions of these contracts ma | | | | |
| | а | | | tion guarantee | | |
| | | (3) guaranteed investment (4) other | | · · | | |
| | | (3) guaranteed investment (4) direct (| | | | |
| | | | | | | |
| | b | Balance at the end of the previous year | | | 7b | |
| | C | Additions: (1) Contributions deposited during the year | 1 | | 75 | |
| | | (2) Dividends and credits | 7c(2) | | | |
| | | (3) Interest credited during the year | - (a) | | | |
| | | (4) Transferred from separate account | 7c(4) | | | |
| | | (5) Other (specify below) | 7c(5) | | | |
| | | • | | | | |
| | | | | | | |
| | | | | | | |
| | | (6)Total additions | | | 7c(6) | |
| | d | Total of balance and additions (add lines 7b and 7c(6)). | | | 7d | |
| | | Deductions: | | | | |
| | | (1) Disbursed from fund to pay benefits or purchase annuities during year | 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 line 7e(5) from line 7d) | | | | |

| Page 4 | |
|--|---|
| employer(s) or members of the same en perience-rated as a unit. Where contra- as a unit for purposes of this report. | |
| c ☐ Vision g ☐ Supplemental unemployment k ☐ PPO contract | d Life insurance h Prescription dru I Indemnity contr |

| Pa | rt II | If more than one contract covers the same gr information may be combined for reporting puthe entire group of such individual contracts v | oup of employees of the surposes if such contracts a | are experienc | ce-rated as a unit. Who | ere contract | | ı |
|----|-------|---|--|---------------|---|--------------|----------------------------|-----|
| 8 | Ben | 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 Long-term disabilit | у д | Supplemental unemp | oloyment | h Prescription drug | |
| | i | Stop loss (large deductible) | j HMO contract | k | PPO contract | | Indemnity contract | |
| | m | Other (specify) | _ | | | | _ | |
| 9 | Ехр | erience-rated contracts: | - | | | | | |
| | а | Premiums: (1) Amount received | | 9a(1) | | | | |
| | | (2) Increase (decrease) in amount due but unpaid | 1 | | | | | |
| | | (3) Increase (decrease) in unearned premium res | erve | 9a(3) | | | | |
| | | (4) Earned ((1) + (2) - (3)) | r | | | 9a(4) | | |
| | b | Benefit charges (1) Claims paid | - | ` ' | | | | |
| | | (2) Increase (decrease) in claim reserves | | 9b(2) | | | | |
| | | (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 Π paid in | cash, or □ | credited.) | 9c(2) | | |
| | d | Status of policyholder reserves at end of year: (1 | — • | | | 9d(1) | | _ |
| | _ | (2) Claim reserves | ' | | | 9d(2) | | _ |
| | | (3) Other reserves | | | | 9d(3) | | _ |
| | е | Dividends or retroactive rate refunds due. (Do no | | | | 9e | | |
| 10 | No | nexperience-rated contracts: | The state of the s | | · / · · · · · · · · · · · · · · · · · · | | | |
| | a | Total premiums or subscription charges paid to c | arrier | | | 10a | 201 | 76 |
| | b | If the carrier, service, or other organization incurr | | | | 100 | 201 | , 0 |
| | | retention of the contract or policy, other than repo | | | | 10b | | |

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

Specify nature of costs >

Schedule A (Form 5500) 2013

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.

▶ Insurance companies are required to provide the information

OMB No. 1210-0110

2013

| | | pursuant to | ERISA section 103(a)(2) |). | | | inspection |
|---|---|------------------------------------|--------------------------------------|------------------------|----------------------|-----------------------|-----------------------|
| For calendar plan year 20 | 13 or fiscal plar | n year beginning 01/01/2013 | | and en | ding 12 | 2/31/2013 | |
| A Name of plan AMERICAN WATER WOR | RKS ASSOCIA | TION EMPLOYEE BENEFITS F | PLAN | B Three plan | e-digit number (P | N) • | 505 |
| | | | | | | | |
| C Plan sponsor's name a AMERICAN WATER WOR | | | | D Employ 13-566 | | cation 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 | | | | | | |
| VISION SERVICE PLAN | T | T | | | | | |
| (b) EIN | (c) NAIC | (d) Contract or | (e) Approximate no persons covered a | | | Policy or co | |
| | code | identification number | policy or contract | | (†) | From | (g) To |
| 06-1227840 | 39616 | 12063676 | 1: | 27 | 01/01/20 | 013 | 12/31/2013 |
| 2 Insurance fee and communication descending order of the | | ation. Enter the total fees and to | tal commissions paid. L | ist in line 3 t | the agents, | , brokers, and of | her persons in |
| (a) Total a | amount of comi | • | | (b) To | tal amount | of fees paid | |
| | | 0 | | | | | 0 |
| 3 Persons receiving com | | ees. (Complete as many entries | | | | | |
| | (a) Name a | nd address of the agent, broker | r, or other person to who | m commissi | ons or fees | s were paid | |
| | | | | | | | |
| (b) Amount of sales ar | nd base | Fe | es and other commissio | ns paid | | | |
| commissions pai | | (c) Amount | (d) Purpose | | | (e) Organization code | |
| | | | | | | | |
| | (a) Name a | nd address of the agent, broker | or other person to who | m commissi | ons or fees | s were paid | |
| | (4) 114 | na address or the agent, prens. | , er eurer perceir te mile | | 01.0 01 1000 | o moro para | |
| | | | | | | | |
| (b) Amount of sales ar | nd base | Fe | es and other commissio | ns paid | | | |
| commissions pai | id | (c) Amount | | (d) Purpose |) | | (e) Organization code |
| | | | | | | | |

| Schedule A (Form 5500) | 2013 | Page 2 - 1 | |
|---|--------------------------------------|---|-----------------------|
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees w | vere paid |
| (4) | and and address of the agent, profit | ., | |
| | | | |
| | | | |
| | | Fees and other commissions paid | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code |
| | (o) / tinodit | (a) 1 dipose | 0000 |
| | | | |
| | | | |
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees w | ere paid |
| | | | |
| | | | |
| | | | |
| | | Fees and other commissions paid | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code |
| | (O) / tinodin | (a) 1 diposes | 0000 |
| | | | |
| | | | |
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees w | vere paid |
| | _ | | |
| | | | |
| | | | |
| | | Fees and other commissions paid | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code |
| | (o) / unoun | (4) | 3345 |
| | | | |
| | | | |
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees w | vere paid |
| | | | |
| | | | |
| | | | |
| | | Fees and other commissions paid | () 0 |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code |
| | (1) | (2) | |
| | | | |
| | | | |
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees w | ere paid |
| | | | |
| | | | |
| | | | |
| (h) Amount of calca and har- | | Fees and other commissions paid | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code |
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| Part II | | | | | | |
|---------|----------------|--|----------------|--------------------------|--------------------|------------------------|
| | | Where individual contracts are provided, the entire group of such individual this report. | idual contra | cts with each carrier ma | ly be treated as a | 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 | |
| 6 | Cont | racts With Allocated Funds: | | | | _ |
| | а | State the basis of premium rates • | | | | |
| | _ | | | | | |
| | b | Premiums paid to carrier | | | 6b | |
| | C _. | Premiums due but unpaid at the end of the year | | | 6с | |
| | d | If the carrier, service, or other organization incurred any specific costs in coretention of the contract or policy, enter amount. | | | 6d | |
| | | Specify nature of costs | | | | |
| | | | | | | |
| | е | Type of contract: (1) individual policies (2) group deferred | d annuity | | | |
| | | (3) other (specify) | | | | |
| | | | | | | |
| | f | If contract purchased, in whole or in part, to distribute benefits from a termin | nating plan, o | check here | | |
| 7 | Cont | racts With Unallocated Funds (Do not include portions of these contracts ma | | | | |
| | а | | | tion guarantee | | |
| | | (3) guaranteed investment (4) other | | · · | | |
| | | (3) guaranteed investment (4) direct (| | | | |
| | | | | | | |
| | b | Balance at the end of the previous year | | | 7b | |
| | C | Additions: (1) Contributions deposited during the year | 1 | | 75 | |
| | | (2) Dividends and credits | 7c(2) | | | |
| | | (3) Interest credited during the year | - (a) | | | |
| | | (4) Transferred from separate account | 7c(4) | | | |
| | | (5) Other (specify below) | 7c(5) | | | |
| | | • | | | | |
| | | | | | | |
| | | | | | | |
| | | (6)Total additions | | | 7c(6) | |
| | d | Total of balance and additions (add lines 7b and 7c(6)). | | | 7d | |
| | | Deductions: | | | | |
| | | (1) Disbursed from fund to pay benefits or purchase annuities during year | 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 line 7e(5) from line 7d) | | | | |

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| Schedule A | (Form | 5500 | 2013 |
|--------------|----------|------|-------|
| Ochiculaic A | (1 01111 | 5500 | , 201 |

| Pa | art II | 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. Who | 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 disabilit | ty g | Supplemental unemp | oloyment I | h Prescription drug |
| | i [| Stop loss (large deductible) | j HMO contract | k [| PPO contract | | I Indemnity contract |
| | m | Other (specify) | | | | | |
| | | | | | | | |
| 9 | Expe | erience-rated contracts: | | | | | |
| | а | Premiums: (1) Amount received | | 9a(1) | | 30586 | |
| | | (2) Increase (decrease) in amount due but unpaid | l | 9a(2) | | | |
| | | (3) Increase (decrease) in unearned premium res | erve | 9a(3) | | | |
| | | (4) Earned ((1) + (2) - (3)) | | | | 9a(4) | 30586 |
| | b | Benefit charges (1) Claims paid | | 9b(1) | | 26512 | |
| | | (2) Increase (decrease) in claim reserves | | 9b(2) | | 1 | |
| | | (3) Incurred claims (add (1) and (2)) | | | | 9b(3) | 26512 |
| | | (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) | | 4074 | _ |
| | | (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) | 4074 |
| | | (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 | benefits after | retirement | 9d(1) | |
| | | (2) Claim reserves | | | | 9d(2) | |
| | | (3) Other reserves | | | | 9d(3) | |
| | е | Dividends or retroactive rate refunds due. (Do no | ot include amount entered | d in line 9c(2) | .) | 9e | |
| 10 | No | nexperience-rated contracts: | | | | | |
| | а | Total premiums or subscription charges paid to c | arrier | | | 10a | |
| | b | If the carrier, service, or other organization incurr | ed any specific costs in c | onnection wit | h the acquisition or | | |
| | | retention of the contract or policy, other than repo | orted in Part I, line 2 abov | e, report amo | ount | 10b | |
| | Sp | pecify nature of costs | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| Part | ١٧ | Provision of Information | | | |
|------|---------|---|-----|------|--|
| 11 | Did the | 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.

Insurance companies are required to provide the information

OMB No. 1210-0110

2013

| | | pursuant to Er | (15A section 103(a)(2). | | |
|---|-------------------|---|--|-------------------------------------|-------------------------|
| For calendar plan year 20 | 13 or fiscal plan | year beginning 01/01/2013 | and er | nding 12/31/2013 | |
| A Name of plan AMERICAN WATER WOR | RKS ASSOCIAT | TION EMPLOYEE BENEFITS PLA | A NI | ee-digit n number (PN) | 505 |
| | | | | | |
| C Plan sponsor's name a AMERICAN WATER WOR | | | D Emplo 13-56 | oyer Identification Number 60277 | (EIN) |
| | | ing Insurance Contract C Individual contracts grouped as a | | | |
| 1 Coverage Information: | | | | | |
| (a) Name of insurance ca | | | | | |
| | | | (e) Approximate number of | Policy or o | contract year |
| (b) EIN | (c) NAIC code | (d) Contract or identification number | persons covered at end of policy or contract year | (f) From | (g) To |
| 13-1963496 | 20281 | 99072272 | 700 | 01/01/2012 | 12/31/2015 |
| 2 Insurance fee and com descending order of the | | tion. Enter the total fees and total | commissions paid. List in line 3 | the agents, brokers, and o | other persons in |
| (a) Total | amount of comn | nissions paid | (b) T | otal amount of fees paid | |
| 1823 0 | | | | | |
| 3 Persons receiving com | missions and fe | es. (Complete as many entries a | s needed to report all persons). | | |
| | (a) Name ar | nd address of the agent, broker, o | | sions or fees were paid | |
| ARTHUR J. GALLAGHER | ₹ | SUITE | FIDDLERS GREEN CIR 200 NWOOD VILLAGE, CO 80111 | | |
| (b) Amount of sales ar | nd base | Fees | and other commissions paid | | |
| commissions pa | id | (c) Amount | (d) Purpos | е | (e) Organization code |
| | 1823 | 0 | | | 3 |
| | (a) Name ar | nd address of the agent, broker, o | or other person to whom commiss | sions or fees were paid | |
| | ., | - | · | | |
| (b) Amount of sales a | nd base | Fees | and other commissions paid | | |
| commissions pa | | (c) Amount | (d) Purpos | e | (e) Organization code |
| | | | | | |
| For Donomyork Doductio | n Act Notice of | nd OMB Control Numbers and | the instructions for Form FEOO | Caha | dula A (Form EE00) 2012 |

| Schedule A (Form 5500) | 2013 | Page 2 - 1 | |
|---|--------------------------------------|---|-----------------------|
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees w | vere paid |
| (4) | and and address of the agent, profit | ., | |
| | | | |
| | | | |
| | | Fees and other commissions paid | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code |
| | (o) / tinodit | (a) i dipose | 0000 |
| | | | |
| | | | |
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees w | ere paid |
| | | | |
| | | | |
| | | | |
| | | Fees and other commissions paid | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code |
| | (O) / tinodin | (a) i uipeec | 0000 |
| | | | |
| | | | |
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees w | vere paid |
| | _ | | |
| | | | |
| | | | |
| | | Fees and other commissions paid | |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code |
| | (o) / unoun | (4): 4: 5000 | 3345 |
| | | | |
| | | | |
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees w | vere paid |
| | | | |
| | | | |
| | | | |
| | | Fees and other commissions paid | () 0 |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code |
| | (1) | (1) | |
| | | | |
| | | | |
| (a) Na | ame and address of the agent, broke | er, or other person to whom commissions or fees w | ere paid |
| | | | |
| | | | |
| | | | |
| (h) Amount of calca and har- | | Fees and other commissions paid | (2) Omanination |
| (b) Amount of sales and base commissions paid | (c) Amount | (d) Purpose | (e) Organization code |
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| Pa | art II | | | | | |
|----|----------------|---|----------------|--------------------------|--------------------|------------------------|
| | | Where individual contracts are provided, the entire group of such individual this report. | idual contra | cts with each carrier ma | ly be treated as a | 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 | |
| 6 | Cont | tracts With Allocated Funds: | | | | _ |
| | а | State the basis of premium rates • | | | | |
| | _ | | | | | |
| | b | Premiums paid to carrier | | | 6b | |
| | C _. | 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 | d annuity | | | |
| | | (3) other (specify) | | | | |
| | | | | | | |
| | f | If contract purchased, in whole or in part, to distribute benefits from a termin | nating plan, o | check here | | |
| 7 | Cont | tracts With Unallocated Funds (Do not include portions of these contracts ma | | | | |
| | а | | | tion guarantee | | |
| | | (3) guaranteed investment (4) other | | ŭ | | |
| | | (5) guaranteed investment | | | | |
| | | | | | | |
| | b | Balance at the end of the previous year | | | 7b | |
| | C | Additions: (1) Contributions deposited during the year | 1 | | 75 | |
| | | (2) Dividends and credits | 7c(2) | | | |
| | | (3) Interest credited during the year | - (a) | | | |
| | | (4) Transferred from separate account | 7c(4) | | | |
| | | (5) Other (specify below) | 7c(5) | | | |
| | | • | | | | |
| | | | | | | |
| | | | | | | |
| | | (6)Total additions | | | 7c(6) | |
| | d | Total of balance and additions (add lines 7b and 7c(6)). | | | 7d | |
| | | Deductions: | | | | |
| | | (1) Disbursed from fund to pay benefits or purchase annuities during year | 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 line 7e(5) from line 7d) | | | | |

| Pa | age 4 | | | |
|-------------------|--|---------------|---|---|
| e experien | | ere contracts | oloyee organizations(s), the s cover individual employees, | |
| c [g [k [| Vision Supplemental unemp PPO contract | | d ☐ Life insurance h ☐ Prescription drug I ☐ Indemnity contract | |
| 0-(4) | | | _ | |
| 9a(1) 9a(2) | | | | |
| 9a(3) | | | | |
| | | 9a(4) | C |) |
| 9b(1) | | | | |
| 01 (0) | | | | |

| | | If more than one contract covers the same gr information may be combined for reporting pu the entire group of such individual contracts v | irposes if such contracts ar | re experienc | e-rated as a unit. Whe | ere contrac | | |
|----|------|---|------------------------------|------------------------|------------------------|-------------|----------------------------|-------|
| 8 | Ben | efit and contract type (check all applicable boxes) | | | | | | |
| | а | Health (other than dental or vision) | b Dental | c | Vision | | d Life insurance | |
| | 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 contract | |
| | m | Other (specify) TRAVEL ACCIDENT | | | | | | |
| 9 | Fxne | erience-rated contracts: | | | | | | |
| - | • | Premiums: (1) Amount received | | 9a(1) | | | _ | |
| | | (2) Increase (decrease) in amount due but unpaid | - | | | | = | |
| | | (3) Increase (decrease) in unearned premium res | _ | 9a(3) | | | = | |
| | | (4) Earned ((1) + (2) - (3)) | | <u> </u> | | 9a(4) | | 0 |
| | _ | Benefit charges (1) Claims paid | | | | , , | | |
| | | (2) Increase (decrease) in claim reserves | | | | | | |
| | | (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 | l - | 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 | | | | | | |
| | | (H) Total retention | _ | _ | | 9c(1)(H) | | |
| | | (2) Dividends or retroactive rate refunds. (These | | LI | * | 9c(2) | | |
| | d | Status of policyholder reserves at end of year: (1 |) Amount held to provide be | enefits after | retirement | 9d(1) | | |
| | | (2) Claim reserves | | | | 9d(2) | | |
| | | (3) Other reserves | | | | 9d(3) | | |
| | | Dividends or retroactive rate refunds due. (Do no | ot include amount entered i | in line 9c(2) . | .) | 9e | | |
| 10 | | nexperience-rated contracts: | | | ĺ | | | |
| | _ | Total premiums or subscription charges paid to c | | | | 10a | | 12150 |
| | | If the carrier, service, or other organization incurr retention of the contract or policy, other than repo | | | • | 10b | | |
| | Sp | ecify nature of costs | | | | | | |

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

Schedule A (Form 5500) 2013

Welfare Benefit Contract Information

Part III

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