



28NOV 12 2:18PM

WILLIAMSON COUNTY
ATTN: MICHELLE KLEEN
301 S.E. INNER LOOP
SUITE 108
GEORGETOWN TX 78626

11/23/12

Dear Valued Customer:

The enclosed report provides some important information regarding your group insurance policy for the recently completed policy year. This information includes, among other things, total premiums paid, as well as compensation paid to agents or brokers in connection with your policy.

If your policy is issued in connection with an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), then you will find this information useful in preparing the ERISA annual report (Form 5500). Please contact your attorney or benefits consultant if you have questions regarding the applicability of ERISA to your plan, Form 5500, or other requirements.

If your policy is not subject to ERISA, then we are providing this information as a service, for your use in the management of your benefit plan. Our goal is to provide the highest degree of service to our customers, and we are committed to providing this important information to you.

This information may include an entry which shows other compensation received by your broker from CIGNA Group Insurance, in addition to commissions. CIGNA Group Insurance companies offer programs under which agents and brokers can qualify for additional compensation, based on meeting new sales and persistency goals, for providing our insurance companies with market intelligence, product and service feedback, and other services that enable us to conduct our business more effectively. For plans subject to ERISA and required to file Form 5500, the U.S. Department of Labor has advised that such payments must be reported on Schedule A of Form 5500. Thus, if your broker received a payment during the policy year under that program, a portion (equal to the amount, which was based on premiums or commissions, that the program generated with respect to the policy) has been allocated and is included with the Schedule A information that is enclosed. While this compensation has been, for this purpose, allocated to specific policies, it is funded from our general overhead for all policies, regardless of whether a broker participates in these agreements. Note: these payments, where applicable, are labeled as overrides. If a zero dollar figure is shown, it means that no such payment was paid to your broker during the policy year.

Your agent or broker may also have participated, at the insurance company's expense, in producer events sponsored by our insurance companies during which information concerning our products and services was exchanged. Please contact your agent or broker if you would like specific information about their participation in these programs.

CIGNA Group Insurance has a longstanding commitment to our customers to deliver the highest levels of quality service. Millions of individuals continue to rely on CIGNA Group Insurance for the insurance protection they need. We value the trust our customers place in us, and unwaveringly pledge to adhere to ethical business standards.

Robert A. Moyer
Revenue Management



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ATTN: MICHELLE KLEEN
301 S.E. INNER LOOP
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Document No. 4647H-Y

28NOV 12 2:18PM

Annual Policy Information Report

Date Prepared: 11/23/12

Name of Insurance Carrier LIFE INSURANCE COMPANY OF NORTH AMERICA	
EIN	23-1503749
NAIC Code	65498
Contract/Policy number	FLX963634
Contract/Policy Year From:	11-01-11
Contract/Policy Year To:	11-01-12

Policy Or Benefit Type
BASIC LIFE SUPP. LIFE DEPENDENT LIFE

* Approximate Number of persons covered at the end of the policy year:

* Please refer to your census reports or billing statement for this information.

Premiums, Commissions and Fees are as paid during the policy year. This may include payments made during the policy year which may be attributable to prior policy years. It may also include premium payments made by terminated employees. If overrides are shown, the amount reflects the allocation made with respect to the policy year.

Total premiums paid to Insurance Company during the policy year: \$ 339,689.05

See reverse side for total Commissions and fees paid by Insurance Company during the policy year.

Agent Number	Name and Address of Each Recipient of Fees and/or Commissions	Amount of Commissions Paid	Amount of Fees Paid	Purpose For Which Paid

If you have any questions regarding the information being provided on this Annual Policy Information Report, please feel free to contact **SUSAN TODT** at **610.758.7107**.



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Robert A. Moyer
Revenue Management



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Document No. 4647H-Y

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Annual Policy Information Report

Date Prepared: 11/23/12

Name of Insurance Carrier LIFE INSURANCE COMPANY OF NORTH AMERICA	
EIN	23-1503749
NAIC Code	65498
Contract/Policy number	VDT960717
Contract/Policy Year From:	11-01-11
Contract/Policy Year To:	11-01-12

Policy Or Benefit Type
LONG TERM DISABILITY

* Approximate Number of persons covered at the end of the policy year:

* Please refer to your census reports or billing statement for this information.

Premiums, Commissions and Fees are as paid during the policy year. This may include payments made during the policy year which may be attributable to prior policy years. It may also include premium payments made by terminated employees. If overrides are shown, the amount reflects the allocation made with respect to the policy year.

Total premiums paid to Insurance Company during the policy year: \$ 152,251.78

See reverse side for total Commissions and fees paid by Insurance Company during the policy year.

Agent Number	Name and Address of Each Recipient of Fees and/or Commissions	Amount of Commissions Paid	Amount of Fees Paid	Purpose For Which Paid

If you have any questions regarding the information being provided on this Annual Policy Information Report, please feel free to contact **SUSAN TODT** at **610.758.7107**.



WILLIAMSON COUNTY
FOR CLAIMS PURPOSES ONLY
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11/23/12

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Robert A. Moyer
Revenue Management



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Document No. 4647H-Y

23NOV 12 2:18PM

Annual Policy Information Report

Date Prepared: 11/23/12

Name of Insurance Carrier LIFE INSURANCE COMPANY OF NORTH AMERICA	
EIN	23-1503749
NAIC Code	65498
Contract/Policy number	OK 965265
Contract/Policy Year From:	11-01-11
Contract/Policy Year To:	11-01-12

Policy Or Benefit Type
ACCIDENTAL DEATH

* Approximate Number of persons covered at the end of the policy year:

* Please refer to your census reports or billing statement for this information.

Premiums, Commissions and Fees are as paid during the policy year. This may include payments made during the policy year which may be attributable to prior policy years. It may also include premium payments made by terminated employees. If overrides are shown, the amount reflects the allocation made with respect to the policy year.

Total premiums paid to Insurance Company during the policy year: \$ 37,734.36

See reverse side for total Commissions and fees paid by Insurance Company during the policy year.

Agent Number	Name and Address of Each Recipient of Fees and/or Commissions	Amount of Commissions Paid	Amount of Fees Paid	Purpose For Which Paid

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