

## **SCHEDULE A** Form 5500

## 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

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). Pension Benefit Guaranty Corporation

For the calendar plan year 2014 or fiscal plan year beginning January 01, 2013, and ending December 31, 2013

A Name of plan

INTERSTATE ENERGY 401(K) RETIREMENT SAVINGS PLAN

**B** Three-digit plan number (PN)

001

C Plan sponsor's name as shown on line 2a of Form 5500

D Employer Identification Number (EIN)

INTERSTATE ENERGY LLC DBA COMO OIL PROPANE

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 carrier

## JOHN HANCOCK LIFE INSURANCE COMPANY U.S.A.

(e) Aproximate number of Policy or contract year (d) Contract or (b) EIN (c) NAIC code persons covered at end of identification number (f) From (g) To policy or contract year

94603 01-0233346 65838 01/01/2013 12/31/2013

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid

(b) Total amount of fees paid

\$8,595 \$4,055

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons). (a) Name and address of the agent, broker or other person to whom commissions or fees were paid

> SECURITIES AMERICA INC. 4330 WEST 1ST STREET #A **DULUTH MN 55807**

(b) Amount of sales and base commissions paid

Fees and other commissions paid (c) Amount (d) Purpose (e) Organization code

3

\$8,595

(a) Name and address of the agent, broker or other person to whom commissions or fees were paid

UNIVERSAL RETIREMENT SOLUTIONS, INC 8009 34TH AVE S, SUITE 320 **BLOOMINGTON MN 55425** 

(b) Amount of sales and base commissions paid

(c) Amount

Fees and other commissions paid (d) Purpose

(e) Organization <u>code</u>

5

\$4,055

THIRD PARTY ADMINISTRATOR

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form Schedule A (Form 5500) 5500. 2014 v.092308.1 **Investment and Annuity Contract Information** Part II Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report. 4 Current value of plan's interest under this contract in the general account at year end 5 Current value of plan's interest under this contract in separate accounts at year end 5 \$5,212,386 6 Contracts With Allocated Funds a 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 connection with the acquision 6d or retention of the contract or policy, enter amount Specify nature of costs e Type of contract (1) ☐ individual policies (2)  $\square$  group deferred annuity (3)  $\square$  other (specify) f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here 7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts) a Type of contract (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) quaranteed investment (4) other GROUP ANNUITY CONTRACT **b** Balance at the end of the previous year 7b c Additions: (1) Contributions deposited during the year 7c(1) (2) Dividends and credits 7c(2) (3) Interest credited during the year 7c(3) (4) Transferred from separate account 7c(4) (5) Other (specify below) 7c(5) (6) Total additions 7c(6) **d** Total of balance and additions (add **b** and **c** (6)) e 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 e(5) from d) **Welfare Benefit Contract Information** If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), Part III the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report. 8 Benefit and contract type (check all applicable boxes) a ☐ Health (other than dental or vision) **b** Dental c Vision d Life insurance e Temporary disablility h Prescription drug **f** ☐ Long-term disability g Supplemental unemployment (accident and sickness) k ☐ PPO contract i Stop loss (large deductible) j ☐ HMO contract I ☐ Indemnity contract m ☐ Other (specify) 9 Experience related contracts a Premiums: (1) Amount received 9a(1) (2) Increase (decrease) in amount due but unpaid 9a(2) (3) Increase (decrease) in unearned premium reserve 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) c Remainder of premium: (1) Retention charges (on an accrual basis) -(A) Commissions

	(B) Administrative service or other fees	9c(1 (A) 9c(1 (B) 9c(1	1)	
	(C) Other specific acquisition costs (D) Other expenses	(C) 9c(1	•	
	(E) Taxes	(D) 9c(1 (E)	•	
	(F) Charges for risks or other contingencies (G) Other retention charges	9c(1)( 9c(1 (G)		
	(H) Total Retention			)c(1) (H)
d	(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retiremen (2) Claim reserves (3) Other reserves	t	9 9 9	d(1) d(2) d(3)
e 0	Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)  Nonexperience-rated contracts			9è ´
a b	Total premiums or subscription charges paid to carrier If the carrier, service, or other organization incurred any specific costs in connection with the		•	10a
acc	quisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount Specify nature of costs below:		1	10b
1	Did the insurance company fail to provide any information necessary to	□Yes	<b></b> No	1

**11** Did the insurance company fail to provide any information necessary to complete Schedule A?

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