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

2017

This Form is Open to Public Inspection

		F 4 2 4.4		-		inspection		
For calendar plan year 20	17 or fiscal pla	an year beginning 01/01/2017		and en	nding 12/31/2017			
A Name of plan WESTERN CONFERENCE	CE OF TEAMS	STERS PENSION PLAN			e-digit number (PN)	001		
C Plan sponsor's name a	s shown on lir	ne 2a of Form 5500		D Emplo	yer Identification Num	ber (EIN)		
•	WESTERN CONFERENCE OF TEAMSTERS PENSION TRUST FUND BOARD OF TRUSTEE 91-6145047							
		rning Insurance Contract A. Individual contracts grouped						
1 Coverage Information:								
(a) Name of insurance ca		ANY OF AMERICA						
	(c) NAIC	(d) Contract or	(e) Approximate nu	ımber of	Policy	or contract year		
(b) EIN	code	identification number	persons covered a policy or contract		(f) From	(g) To		
22-1211670	68241	GA-8216	34314		01/01/2017	12/31/2017		
2 Insurance fee and com descending order of the		nation. Enter the total fees and to	otal commissions paid. Li	st in line 3	the agents, brokers, a	nd other persons in		
(a) Total a	amount of com	nmissions paid		(b) To	otal amount of fees pai	d		
		0				0		
3 Persons receiving com	missions and	fees. (Complete as many entrie	es as needed to report all	persons).				
	(a) Name	and address of the agent, broke	er, or other person to whor	n commiss	sions or fees were paid			
(b) Amount of sales ar	nd base	F	ees and other commission	ns paid				
commissions pa		(c) Amount		(d) Purpos	e	(e) Organization code		
	(a) Name	and address of the agent, broke	er, or other person to whor	n commiss	sions or fees were paid			
(b) Amount of sales ar	nd base	F	ees and other commission	ns paid				
commissions pa		(c) Amount		(d) Purpose				

Schedule A (Form 5500)	2017	Page 2 – [1	
(a) No.			omicciono ar foco ware noid	
(a) Nai	me and address of the agent, broker	, or other person to whom con	nimissions or lees were paid	
4.1.		Fees and other commissions	paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(0	d) Purpose	Organization code
(a) Na	me and address of the agent, broker	or other person to whom con	nmissions or fees were paid	
(-)		,		
(b) Amount of sales and base		Fees and other commissions p	paid	(e) Organization
commissions paid	(c) Amount	((d) Purpose	code
(a) Nai	me and address of the agent, broker	, or other person to whom con	nmissions or fees were paid	
	<u> </u>			
(b) Amount of sales and base		Fees and other commissions p		(e) Organization
commissions paid	(c) Amount	(1	d) Purpose	code
(a) Nai	me and address of the agent, broker	, or other person to whom con	nmissions or fees were paid	
		Fees and other commissions p	naid	(e)
(b) Amount of sales and base commissions paid	(c) Amount		d) Purpose	Organization code
commissions paid		,	<u>, </u>	code
(1)				
(a) Nai	me and address of the agent, broker	, or other person to whom con	nmissions or fees were paid	
All American Control		Fees and other commissions	paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(0	d) Purpose	Organization code

F	Part	II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivithis report.	idual contracts v	with each carrier ma	y be treated as a ι	ınit for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year	end		4	94517769
		ent value of plan's interest under this contract in separate accounts at year e			. 5	1982367867
_		tracts With Allocated Funds:				
	а	State the basis of premium rates ►N/A				
	b	Premiums paid to carrier			. 6b	
	С	Premiums due but unpaid at the end of the year			6с	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount		•	. 6d	
		Specify nature of costs				
	е	Type of contract: (1) ☐ individual policies (2) ☐ group deferred (3) ☐ other (specify) ▶	d annuity			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, ched	ck here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in sepa	rate accounts)		
	а		ite participation			
		(3) guaranteed investment (4) other	PRUPAR			
	b	Balance at the end of the previous year			7b	99887706
	С	Additions: (1) Contributions deposited during the year	. 7c(1)			
		(2) Dividends and credits	. 7c(2)			
		(3) Interest credited during the year	. 7c(3)		6791530	
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	. 7c(5)		410551	
		EXPERIENCE ADJUSTMENT				
		(6)Total additions			7c(6)	7202081
	d	Total of balance and additions (add lines 7b and 7c(6))			7d	107089787
	е	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)		12572017	
		(4) Other (specify below)	. 7e(4)			
		>				
		(E) Total de desta es			70(5)	12572017

Balance at the end of the current year (subtract line 7e(5) from line 7d).....

94517770

ı	Page	4

F	art	III	Welfare Benefit Contract Information one contract covers the same the information may be combined for report employees, the entire group of such individ	group of employees of the ing purposes if such cont	racts are exp	erience-rated as a uni	t. Where co	ntracts cover indiv	
8	Ren	ofit a	nd contract type (check all applicable boxes)	uai contracto with each co	arrior may bo	treated do a unit for p	urposes or tr	по тороти.	
Ü	г	_	ealth (other than dental or vision)	h □ Dontol	٦	Vision		d ☐ Life insuran	00
	a [=		b Dental	=	<u>-</u>			
	е	Те	mporary disability (accident and sickness)	f Long-term disabilit		=	ployment	h Prescription	-
	i	Sto	op loss (large deductible)	j HMO contract	k	PPO contract		I Indemnity c	ontract
	m	Ot	her (specify)						
9	Expe	eriend	ce-rated contracts:						
	a I	Prem	iums: (1) Amount received		9a(1)				
			ncrease (decrease) in amount due but unpaid					_	
			ncrease (decrease) in unearned premium res	· ·			1 2 (1)		
		. ,	arned ((1) + (2) - (3))	i			. 9a(4)		
	b		efit charges (1) Claims paid						
			ncrease (decrease) in claim reserves				05/2)		
			ncurred claims (add (1) and (2))						
	С	` '	claims charged(1) Retention charges (o				. 9b(4)		
	C		(A) Commissions	·	9c(1)(A)			_	
			(B) Administrative service or other fees						
			(C) Other specific acquisition costs		0 (4)(0)				
			(D) Other expenses		0 (4)(5)				
			(E) Taxes		0./4\/=\				
			(F) Charges for risks or other contingencies						
			(G) Other retention charges		0. (4)(0)				
		((H) Total retention				. 9c(1)(H)		
		(2) [Dividends or retroactive rate refunds. (These	amounts were paid in	cash, or	credited.)	9c(2)		
	d	Stat	us of policyholder reserves at end of year: (1) Amount held to provide	benefits after	r retirement	. 9d(1)		
		(2) (Claim reserves				. 9d(2)		
		(3) (Other reserves				. 9d(3)		
			dends or retroactive rate refunds due. (Do no	ot include amount entered	d in line 9c(2)	.)	9e		
10) No		erience-rated contracts:						
	а	Tota	Il premiums or subscription charges paid to c	arrier			. 10a		
	b	rete	e carrier, service, or other organization incurrention of the contract or policy, other than repo				. 10b		
			ature of costs.						
P	art	V	Provision of Information				·-		
11	Dic	the	insurance company fail to provide any inform	ation necessary to compl	ete Schedule	e A?	Yes	X No	
12	2 If t	he ar	swer to line 11 is "Yes," specify the informati	on 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

2017

This Form is Open to Public Inspection

		parsaant to	ETTION 30011011 103(a)(2)	•			Inspection		
For calendar plan year 20	17 or fiscal pla	n year beginning 01/01/2017		and en	iding 12/31/201	7			
A Name of plan WESTERN CONFERENCE	CE OF TEAMS	TERS PENSION PLAN			e-digit number (PN)	•	001		
C Plan sponsor's name a			DOADD OF TRUCTER	-	oyer Identification I	Number (EIN)		
WESTERN CONFERENC	JE OF TEAMS	TERS PENSION TRUST FUND	BOARD OF TRUSTEE	91-	0145047				
		rning Insurance Contrac . Individual contracts grouped a							
1 Coverage Information:									
(a) Name of insurance ca		ANY OF AMERICA							
	(c) NAIC	(d) Contract or	(e) Approximate nu		Po	olicy or co	contract year		
(b) EIN	code	identification number	persons covered a policy or contract		(f) From	1	(g) To		
22-1211670	68241	GA-8217	585467	•	01/01/2017		12/31/2017		
2 Insurance fee and com descending order of the		ation. Enter the total fees and to	tal commissions paid. Li	ist in line 3	the agents, broke	rs, and o	ther persons in		
(a) Total a	amount of com	missions paid		(b) To	otal amount of fee	s paid			
		0					0		
3 Persons receiving com		ees. (Complete as many entries							
	(a) Name a	and address of the agent, broker	, or other person to whor	m commiss	ions or fees were	paid			
(b) Amount of sales ar	nd base	Fe	es and other commission	ns paid					
commissions pa	id	(c) Amount	l	(d) Purpose	e		(e) Organization code		
	(a) Name a	and address of the agent, broker	, or other person to whor	m commiss	ions or fees were	paid			
(b) Amount of sales ar	nd base	Fe	es and other commission	ns paid					
commissions pa		(c) Amount	ı	(d) Purpose			(e) Organization code		

Schedule A (Form 5500)	2017	Page 2 – [1	
(a) No.			omicciono ar foco ware noid	
(a) Nai	me and address of the agent, broker	, or other person to whom con	nimissions or lees were paid	
4.1.		Fees and other commissions	paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(0	d) Purpose	Organization code
(a) Na	me and address of the agent, broker	or other person to whom con	nmissions or fees were paid	
(-)		,		
(b) Amount of sales and base		Fees and other commissions p	paid	(e) Organization
commissions paid	(c) Amount	((d) Purpose	code
(a) Nai	me and address of the agent, broker	, or other person to whom con	nmissions or fees were paid	
	<u> </u>			
(b) Amount of sales and base		Fees and other commissions p		(e) Organization
commissions paid	(c) Amount	(1	d) Purpose	code
(a) Nai	me and address of the agent, broker	, or other person to whom con	nmissions or fees were paid	
		Fees and other commissions p	naid	(e)
(b) Amount of sales and base commissions paid	(c) Amount		d) Purpose	Organization code
commissions paid		,		code
(1)				
(a) Nai	me and address of the agent, broker	, or other person to whom con	nmissions or fees were paid	
All American Control		Fees and other commissions	paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(0	d) Purpose	Organization code

F	Part		Calcol agenting of a 1200	ala anguian ann an h- tete-d	unit fan munu
		Where individual contracts are provided, the entire group of such individual this report.	idual contracts with eac	th carrier may be treated as a	unit for purposes of
4	Curi	rent value of plan's interest under this contract in the general account at year	end	4	
		rent value of plan's interest under this contract in separate accounts at year el			7697027469
6		tracts With Allocated Funds:			
	а	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred (3) other (specify)	d annuity		
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	▶ □	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate ac	counts)	
	а		te participation guaran		
			FLEXIBLE FUNDING	FACILITY	
		(o) Substitution (i) Substitution (ii)			
	h	Delenge at the and of the province year		7b	
	b C	Balance at the end of the previous year		70	
	C	Additions: (1) Contributions deposited during the year(2) Dividends and credits	7c(1)		
			7c(3)		
		(3) Interest credited during the year	7c(4)		
		(4) Transferred from separate account	7c(5)		
		(5) Other (specify below)	10(3)		
		(6)Total additions		7c(6)	
	d	Total of balance and additions (add lines 7b and 7c(6))	<u></u>	7d	
	е	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			
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	

ı	Page	4

F	art	III	Welfare Benefit Contract Information one contract covers the same the information may be combined for report employees, the entire group of such individ	group of employees of the ing purposes if such cont	racts are exp	erience-rated as a uni	t. Where co	ntracts cover indiv	
8	Ren	ofit a	nd contract type (check all applicable boxes)	uai contracto with each co	arrior may bo	treated do a unit for p	urposes or tr	по тороти.	
Ü	г	_	ealth (other than dental or vision)	h □ Dontol	٦	Vision		d ☐ Life insuran	00
	a [=		b Dental	=	<u>-</u>			
	е	Те	mporary disability (accident and sickness)	f Long-term disabilit		=	ployment	h Prescription	-
	i	Sto	op loss (large deductible)	j HMO contract	k	PPO contract		I Indemnity c	ontract
	m	Ot	her (specify)						
9	Expe	eriend	ce-rated contracts:						
	a I	Prem	iums: (1) Amount received		9a(1)				
			ncrease (decrease) in amount due but unpaid					_	
			ncrease (decrease) in unearned premium res	· ·			1 2 (1)		
		. ,	arned ((1) + (2) - (3))	i			. 9a(4)		
	b		efit charges (1) Claims paid						
			ncrease (decrease) in claim reserves				05/2)		
			ncurred claims (add (1) and (2))						
	С	` '	claims charged(1) Retention charges (o				. 9b(4)		
	C		(A) Commissions	·	9c(1)(A)			_	
			(B) Administrative service or other fees						
			(C) Other specific acquisition costs		0 (4)(0)				
			(D) Other expenses		0 (4)(5)				
			(E) Taxes		0./4\/=\				
			(F) Charges for risks or other contingencies						
			(G) Other retention charges		0. (4)(0)				
		((H) Total retention				. 9c(1)(H)		
		(2) [Dividends or retroactive rate refunds. (These	amounts were paid in	cash, or	credited.)	9c(2)		
	d	Stat	us of policyholder reserves at end of year: (1) Amount held to provide	benefits after	r retirement	. 9d(1)		
		(2) (Claim reserves				. 9d(2)		
		(3) (Other reserves				. 9d(3)		
			dends or retroactive rate refunds due. (Do no	ot include amount entered	d in line 9c(2)	.)	9e		
10) No		erience-rated contracts:						
	а	Tota	Il premiums or subscription charges paid to c	arrier			. 10a		
	b	rete	e carrier, service, or other organization incurrention of the contract or policy, other than repo				. 10b		
			ature of costs.						
P	art	V	Provision of Information				·-		
11	Dic	the	insurance company fail to provide any inform	ation necessary to compl	ete Schedule	e A?	Yes	X No	
12	2 If t	he ar	swer to line 11 is "Yes," specify the informati	on not provided.					

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Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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OMB No. 1210-0110

2017

This Form is Open to Public Inspection

		paredant to i	21110A 30011011 103(a)(2)	•			Inspection
For calendar plan year 20	17 or fiscal plar	year beginning 01/01/2017		and en	iding 12/3	31/2017	
A Name of plan WESTERN CONFERENCE	CE OF TEAMS	TERS PENSION PLAN			e-digit number (Pl	N) •	001
C Plan sponsor's name a		e 2a of Form 5500 FERS PENSION TRUST FUND	BOARD OF TRUSTEE		oyer Identific	ation Numbe	r (EIN)
WEGTERN GOTH ERENG)	EROT ENGION TROOT FORD	BOARD OF TROOTEE				
		ning Insurance Contrac . Individual contracts grouped a					
1 Coverage Information:							
(a) Name of insurance ca		ANCE COMPANY					
(b) FINI	(c) NAIC	(d) Contract or	(e) Approximate nu			Policy or	contract year
(b) EIN	code	identification number	persons covered a policy or contract		(f)	From	(g) To
52-0419790	66281	NDA00001SC		-	01/01/201	7	12/31/2017
2 Insurance fee and com descending order of the		ation. Enter the total fees and tot	al commissions paid. Li	ist in line 3	the agents,	brokers, and	other persons in
(a) Total a	amount of comr	missions paid		(b) To	otal amount	of fees paid	
		0					0
3 Persons receiving com	missions and fe	ees. (Complete as many entries	as needed to report all	persons).			
	(a) Name a	nd address of the agent, broker,	or other person to whor	m commiss	ions or fees	were paid	
(b) Amount of sales ar	nd base	Fee	es and other commission	ns paid			
commissions pa	id	(c) Amount		(d) Purpos	е		(e) Organization code
	(a) Name a	nd address of the agent, broker,	, or other person to whor	m commiss	ions or fees	were paid	
(b) Amount of sales ar	nd base	Fee	es and other commission	ns paid			
commissions pa		(c) Amount		(d) Purpose		(e) Organization code	
							•

Schedule A (Form 5500)	2017	Page 2 – [1	
(a) No.			omicciono ar foco ware noid	
(a) Nai	me and address of the agent, broker	, or other person to whom con	nimissions or lees were paid	
4.1.		Fees and other commissions	paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(0	d) Purpose	Organization code
(a) Na	me and address of the agent, broker	or other person to whom con	nmissions or fees were paid	
(-)		,		
(b) Amount of sales and base		Fees and other commissions p	paid	(e) Organization
commissions paid	(c) Amount	((d) Purpose	code
(a) Nai	me and address of the agent, broker	, or other person to whom con	nmissions or fees were paid	
	<u> </u>			
(b) Amount of sales and base		Fees and other commissions p		(e) Organization
commissions paid	(c) Amount	(1	d) Purpose	code
(a) Nai	me and address of the agent, broker	, or other person to whom con	nmissions or fees were paid	
		Fees and other commissions p	naid	(e)
(b) Amount of sales and base commissions paid	(c) Amount		d) Purpose	Organization code
commissions paid		,		code
(1)				
(a) Nai	me and address of the agent, broker	, or other person to whom con	nmissions or fees were paid	
All American Control		Fees and other commissions	paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(0	d) Purpose	Organization code

ı	Part	III Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivithis report.	idual contra	cts with each carrier mag	y be treated a	as a unit for purposes of
4	Cur	rent value of plan's interest under this contract in the general account at year	end		. 4	
		rent value of plan's interest under this contract in separate accounts at year e			. 5	2385565998
6		ntracts With Allocated Funds:				
	а	State the basis of premium rates				
	b	Premiums paid to carrier			. 6b	
	С	Premiums due but unpaid at the end of the year			. 6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount			. 6d	
		Specify nature of costs				
	е	Type of contract: (1) ☐ individual policies (2) ☐ group deferred (3) ☐ other (specify) ▶	d annuity			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan,	check here		
7	Cor	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in s	separate accounts)		
	а			tion guarantee		
	u	(3) guaranteed investment (4) other		uon guaranto		
	b	Balance at the end of the previous year			. 7b	
	С	Additions: (1) Contributions deposited during the year	. 7c(1)			
		(2) Dividends and credits	. 7c(2)			
		(3) Interest credited during the year	- (0)			
		(4) Transferred from separate account	- (4)			
		(5) Other (specify below)	7c(5)			
		(a) Outlot (apoonly bolow)	10(0)			
		(6)Total additions			7c(6)	
	d	Total of balance and additions (add lines 7b and 7c(6))			. 7d	
	е	Deductions:	Γ		.,	
	·	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
		(2) Administration charge made by carrier	7e(2)			
		,	7e(2)			
		(3) Transferred to separate account				
		(4) Other (specify below)	. 7e(4)			
		•				
		(5) Total deductions			7e(5)	
		,-,				

7f

f Balance at the end of the current year (subtract line 7e(5) from line 7d).....

ı	Page	4

Part I		III	Welfare Benefit Contract Information one contract covers the same the information may be combined for report employees, the entire group of such individ	group of employees of the ing purposes if such cont	racts are exp	erience-rated as a uni	t. Where co	ntracts cover indiv	
8	Ben	ofit a	nd contract type (check all applicable boxes)	uai contracto with each co	arrior may bo	treated do a unit for p	urposes or tr	по тороти.	
Ü	г	_	ealth (other than dental or vision)	h □ Dontol	٦	Vision		d ☐ Life insuran	00
	a	=		b Dental	=	<u>-</u>			
	е	le	mporary disability (accident and sickness)	f Long-term disabilit		=	ployment	h Prescription	-
	i	Sto	op loss (large deductible)	j HMO contract	k L	PPO contract		I Indemnity of	ontract
	m	Ot	her (specify)						
9	Expe	eriend	ce-rated contracts:						
	a I		iums: (1) Amount received		` '			_	
			ncrease (decrease) in amount due but unpaid						
			ncrease (decrease) in unearned premium res	· ·			0.74		
	L	. ,	arned ((1) + (2) - (3))	i			. 9a(4)		
	b		efit charges (1) Claims paid					_	
			ncrease (decrease) in claim reserves				06/2)		
			ncurred claims (add (1) and (2))				9b(3) 9b(4)		
	С	` '	claims charged(1) Retention charges (o				. 30(4)		
	·		(A) Commissions	·	9c(1)(A)			_	
			(B) Administrative service or other fees						
			(C) Other specific acquisition costs		0 (4)(0)			_	
			(D) Other expenses		0 (4)(5)				
			(E) Taxes		9c(1)(E)				
		((F) Charges for risks or other contingencies						
		((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	Stat	us of policyholder reserves at end of year: (1) Amount held to provide	benefits after retirement		. 9d(1)		
		(2) (Claim reserves				. 9d(2)		
		` '	Other reserves				•		
46			dends or retroactive rate refunds due. (Do n	ot include amount entered	d in line 9c(2)	(.)	. 9e		
10	_		erience-rated contracts:				100		
	a		Il premiums or subscription charges paid to c				. 10a		
	b Sne	rete	e carrier, service, or other organization incurrention of the contract or policy, other than reportative of costs				. 10b		
	Specify nature of costs.								
P	art	V	Provision of Information				F		
11	Dic	the	insurance company fail to provide any inform	ation necessary to compl	ete Schedule	e A?	Yes	X No	
12	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

2017

This Form is Open to Public

	pursuant to ERISA section 103(a)(2).					Inspection			
For calendar plan year 20	17 or fiscal plan	year beginning 01/01/2017		and en	ding 12/3	1/2017			
A Name of plan WESTERN CONFERENCE		B Three plan	e-digit number (PI	N) •	001				
C Plan sponsor's name a	s shown on line	e 2a of Form 5500		D Emplo	yer Identific	ation Number (EIN)		
WESTERN CONFERENCE	CE OF TEAMST	TERS PENSION TRUST FUND E	BOARD OF TRUSTEE	91-	6145047				
	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 THE UNION LABOR LIFE		COMPANY							
	(c) NAIC	(d) Contract or	(e) Approximate nu			Policy or co	ontract year		
(b) EIN	code	identification number	persons covered at policy or contract		(f)	From	(g) To		
13-1423090	69744	GA02147			01/01/201	7	12/31/2017		
2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.									
(a) Total a	amount of comr			(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,	or other person to whor	n commiss	ions or fees	were paid			
(b) Amount of sales ar	nd base	Fee	s and other commissior	ns paid					
commissions pai		(c) Amount		(d) Purpose			(e) Organization code		
0						0			
	(a) Name a	nd address of the agent, broker,	or other person to whor	n commiss	ions or fees	were paid			
(b) Amount of sales and base Fees and other commissions paid									
commissions pai		(c) Amount	(d) Purpose			(e) Organization code			
(4) 1 (1)									

Schedule A (Form 5500)	2017	Page 2 – [1			
(a) No.			aminaiana ar fana wara naid			
(a) Nai	me and address of the agent, broker	, or other person to whom con	nimissions or lees were paid			
4.1.		Fees and other commissions	paid	(e)		
(b) Amount of sales and base commissions paid	(c) Amount	(0	Organization code			
(a) Na	me and address of the agent, broker	or other person to whom con	nmissions or fees were paid			
(-)		,				
(b) Amount of sales and base		Fees and other commissions p	paid	(e) Organization		
commissions paid	(c) Amount	(0	d) Purpose	code		
(a) Nai	me and address of the agent, broker	, or other person to whom con	nmissions or fees were paid			
	Г			1		
(b) Amount of sales and base		Fees and other commissions p	(e) Organization			
commissions paid	(c) Amount	((d) Purpose	code		
(a) Na	me and address of the agent, broker	, or other person to whom con	nmissions or fees were paid			
		Fees and other commissions p	naid	(e)		
(b) Amount of sales and base	(c) Amount		d) Purpose	Organization		
commissions paid	(0)	,		code		
(a) Nai	me and address of the agent, broker	, or other person to whom con	nmissions or fees were paid			
Fees and other commissions paid (e)						
(b) Amount of sales and base commissions paid	(c) Amount		d) Purpose	Organization code		

F	Part		Short control 1 22		
		Where individual contracts are provided, the entire group of such individual this report.	idual contracts with ea	ich carrier may be treated as a	unit for purposes of
4	Curi	rent value of plan's interest under this contract in the general account at year	end	4	
		rent value of plan's interest under this contract in separate accounts at year e			53798529
6		tracts With Allocated Funds:	-		
	а	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount			
		Specify nature of costs			
	е	Type of contract: (1) ☐ individual policies (2) ☐ group deferred (3) ☐ other (specify) ▶	d annuity		
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, check here	• ▶ ∏	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate a	ccounts)	
	а	Type of contract: (1) ☐ deposit administration (2) ☐ immedia (3) ☐ guaranteed investment (4) ☐ other ▶	te participation guara	ntee	
	b	Balance at the end of the previous year		7b	
	С	Additions: (1) Contributions deposited during the year	. 7c(1)		
		(2) Dividends and credits	. 7c(2)		
		(3) Interest credited during the year	. 7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	7c(5)		
		•			
		(6)Total additions		`'	
		Total of balance and additions (add lines 7b and 7c(6))		7d	
	е	Deductions:	7-(4)		
			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			
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7 f	

ı	Page	4

Р	Part III 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 organizations(s), 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 indivi					
8	Ber	efit and contract type (check all applicable boxes		,			
Ŭ	a	Health (other than dental or vision)	b Dental	сГ	Vision		d Life insurance
		<u>-</u>		<u>_</u>			=
	е.	Temporary disability (accident and sickness)	f Long-term disabili		Supplemental unem	pioyment	h Prescription drug
	ı	Stop loss (large deductible)	j HMO contract	k _	PPO contract		I Indemnity contract
	m	Other (specify)					
9	Exp	erience-rated contracts:			ı		_
	а	Premiums: (1) Amount received		. 9a(1)			_
		(2) Increase (decrease) in amount due but unpa					_
		(3) Increase (decrease) in unearned premium re				1	
		(4) Earned ((1) + (2) - (3))			 T	. 9a(4)	
	b	Benefit charges (1) Claims paid		(-)			_
		(2) Increase (decrease) in claim reserves				01- (0)	
		(3) Incurred claims (add (1) and (2))				9b(3)	
	_	(4) Claims charged				. 9b(4)	
	С	(A) Commissions		9c(1)(A)			_
		(B) Administrative service or other fees		- (1)(-)			
		(C) Other specific acquisition costs		0 (4)(0)			_
		(D) Other expenses		0 (4)(5)			_
		(E) Taxes		0 (4)(5)			
		(F) Charges for risks or other contingencies					_
		(G) Other retention charges					_
		(H) Total retention				9c(1)(H)	
		(2) Dividends or retroactive rate refunds. (These	e amounts were paid ir	n cash, or	credited.)	9c(2)	
	d	Status of policyholder reserves at end of year:	_			. 9d(1)	
		(2) Claim reserves				. 9d(2)	
		(3) Other reserves				9d(3)	
	е	Dividends or retroactive rate refunds due. (Do	not include amount entered	d in line 9c(2)) .)	. 9e	
10	No	nexperience-rated contracts:					
	а	Total premiums or subscription charges paid to	carrier			. 10a	
	b	If the carrier, service, or other organization incu			•		
	Sno	retention of the contract or policy, other than re cify nature of costs.	ported in Part I, line 2 abov	e, report am	ount	10b	
	Ope	sity flature or costs.					
Р	art	V Provision of Information					
11		I the insurance company fail to provide any infor	mation necessary to comp	lete Schedule	е А?	Yes	X No
				ioto ocneuult	o / t:		<u> </u>
14	12 If the answer to line 11 is "Yes," specify the information not provided.						