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

2016

This Form is Open to Public

pursuant to ERISA section 103(a)(2).			Inspection				
For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016					1/2016		
A Name of plan WESTERN CONFERENCE	CE OF TEAMS	TERS PENSION PLAN		B Three	e-digit number (PN	N) •	001
C Plan sponsor's name a	as shown on lin	e 2a of Form 5500		D Emplo	yer Identific	ation Number	(EIN)
WESTERN CONFERENC	E OF TEAMST	TERS PENSION TRUST FUND B	OARD OF TRUSTEE	91-6	6145047		
		rning Insurance Contract Lindividual contracts grouped as					
1 Coverage Information:							
(a) Name of insurance ca		ANCE 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
52-0419790	66281	NDA00001SC			01/01/2016	6	12/31/2016
2 Insurance fee and com descending order of the		ation. Enter the total fees and tota	ıl commissions paid. Li	st in line 3	the agents,	brokers, and o	ther persons in
(a) Total a	amount of com			(b) To	otal amount	of fees 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	n commiss	ions or fees	were paid	
(b) Amount of sales ar	nd base	Fee	s and other commission	ns paid			
commissions pa		(c) Amount		(d) Purpose	е		(e) Organization code
	(a) Name a	and 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 pa		(c) Amount		(d) Purpose	e		(e) Organization code

Schedule A (Form 5500) 2	2016	Page 2 – 1		
(a) No.	me and address of the agent bro	lker, er ether person to whom commissions or fees were paid		
(a) Nai	me and address of the agent, bro	oker, or other person to whom commissions or fees were paid		
	Fees and other commissions paid			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code	
(a) Nar	me and address of the agent, bro	sker, or other person to whom commissions or fees were paid		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization	
commissions paid	(c) Amount	(d) Purpose	code	
	me and address of the agent, bro	sker, or other person to whom commissions or fees were paid		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization	
commissions paid	(c) Amount	(d) Purpose	code	
(a) Nar	me and address of the agent, bro	sker, or other person to whom commissions or fees were paid		
	_			
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization	
commissions paid	(c) Amount	(d) Purpose	code	
(a) Nar	me and address of the agent, bro	oker, or other person to whom commissions or fees were paid		

(d) Purpose

(c) Amount

(b) Amount of sales and base commissions paid

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ay		•

_	art	II Investment and Annuity Contract Information				
•	art	Where individual contracts are provided, the entire group of such indiv	vidual contracts v	with each carrier may	y be treated as a	unit for purposes of
		this report.				
		ent value of plan's interest under this contract in the general account at year			4	
		ent value of plan's interest under this contract in separate accounts at year e	end		5	2262591413
6	Con	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 deferre	d annuity			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan chec	ck here		
7		tracts With Unallocated Funds (Do not include portions of these contracts ma				
'			amamed in sepa			
	а	- [*]		guarantee		
		(3) guaranteed investment (4) other	•			
	_					
	b	Balance at the end of the previous year			7b	
	С	Additions: (1) Contributions deposited during the year				
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year				
		(4) Transferred from separate account				
		(5) Other (specify below)	7c(5)			
		•				
		(6)Total additions			7c(6)	
	d	Total of balance and additions (add lines 7b and 7c(6))	·····		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				
		(4) Other (specify below)	7e(4)			
)				
		(F) Total deductions			7e(5)	
	f	(5) Total deductions			7e(5)	
	1	Data not at the end of the current year (Subtract line 1e(3) from line 1d)		• • • • • • • • • • • • • • • • • • • •	<u> </u>	

Pa	art l	III Welfare Benefit Contract Information						
		If more than one contract covers the same group of the information may be combined for reporting purp						
		employees, the entire group of such individual cont	racts with each ca	rrier may be t	reated as a unit for pu	rposes of thi	is report.	
8	Ben	nefit and contract type (check all applicable boxes)		•	·		·	
	а「		Dental	с□	Vision	c	d Life insurance	
	e		_ong-term disabilit	_	Supplemental unemp		n Prescription drug	
	· [Dioyinient I	- =	
	י ו		HMO contract	K 🗌	PPO contract		I Indemnity contract	
	m	Other (specify)						
	•	perience-rated contracts:	Г	0-(4)				
		Premiums: (1) Amount received	l l	9a(1)				
		(2) Increase (decrease) in amount due but unpaid	T .	9a(2) 9a(3)			-	
		(3) Increase (decrease) in unearned premium reserve (4) Earned ((1) + (2) - (3))	_			9a(4)		
						3a(1)		
	~	(2) Increase (decrease) in claim reserves						
		(3) Incurred claims (add (1) and (2))	_	<u> </u>		9b(3)		
		(4) Claims charged				9b(4)		
	С	Remainder of premium: (1) Retention charges (on an ac	crual basis)					
		(A) Commissions		9c(1)(A)				
		(B) Administrative service or other fees		9c(1)(B)				
		(C) Other specific acquisition costs	T .	9c(1)(C)				
		(D) Other expenses	h h	9c(1)(D)			_	
		(E) Taxes	F	9c(1)(E)				
		(F) Charges for risks or other contingencies	ħ	9c(1)(F) 9c(1)(G)			-	
		(G) Other retention charges(H) Total retention	L			9c(1)(H)		
		(2) Dividends or retroactive rate refunds. (These amoun						
	d	Status of policyholder reserves at end of year: (1) Amoun	 -			9c(2) 9d(1)		
	u	(2) Claim reserves	•			9d(2)		
		(3) Other reserves				9d(3)		
	е					9e		
10		onexperience-rated contracts:			,	•		
	а	Total premiums or subscription charges paid to carrier				10a		
	b	If the carrier, service, or other organization incurred any	specific costs in co	onnection with	n the acquisition or			
	_	retention of the contract or policy, other than reported in	Part I, line 2 above	e, report amoi	unt	10b		
	Spe	ecify nature of costs.						
Pa	art l	IV Provision of Information						
11	Dic	id the insurance company fail to provide any information ne	ecessary to comple	ete Schedule	A?	Yes	No	
		the answer to line 11 is "Yes," specify the information not p			<u> </u>			
		and another to mile in the independent the information flot						

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

2016

For calendar plan year 2016 or fiscal plan year beginning 0101/2016 A Name of plan WESTERN CONFERENCE OF TEAMSTERS PENSION PLAN C Plan sponsor's name as shown on line 2a of Form \$500 WESTERN CONFERENCE OF TEAMSTERS PENSION TRUST FUND BOARD OF TRUSTEE 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 carrier THE PRUDENTIAL INSURANCE COMPANY OF AMERICA (b) EIN (c) NAIC (d) Contract or identification number of persons covered at end of policy or contract year (b) EIN (c) MAIC (dA S216) 2 Insurance fee and commission information. Enter the total fees and total commissions paid. (e) Total amount of fees paid (a) Total amount of commissions paid (b) Total amount of 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 (b) Amount of sales and base commissions paid (e) Organization code (b) Amount of sales and base (c) Amount (d) Purpose (e) Organization code (b) Amount of sales and base (c) Amount (d) Purpose (e) Organization code	Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).				orm is Open to Public Inspection				
C Plan sponsor's name as shown on line 2a of Form 5500 WESTERN CONFERENCE OF TEAMSTERS PENSION TRUST FUND BOARD OF TRUSTEE 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 carrier THE PRUDENTIAL INSURANCE COMPANY OF AMERICA (b) EIN CO NAIC (d) Contract or identification number policy or contract year persons covered at end of policy or contract year policy or contract year policy or contract year persons covered at end of policy or contract year policy or contract year policy or contract year persons covered at end of policy or contract year persons covered at end of policy or contract year persons covered at end of policy or contract year persons covered at end of policy or contract year persons covered at end of policy or contract year persons years. 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 amount of 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 (b) Amount of sales and base commissions paid (c) Amount (d) Purpose (e) Organization code (b) Amount of sales and base Fees and other commissions paid (c) Amount of sales and base Fees and other commissions paid (b) Amount of sales and base	For calendar	plan year 20	16 or fiscal pl	an year beginning 01/01/2016		and e	nding <mark>12/31</mark>	/2016	
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 carrier THE PRUDENTIAL INSURANCE COMPANY OF AMERICA (b) EIN (c) NAIC code identification number of code identification number of policy or contract year or code identification number of policy or contract year of persons covered at end of policy or contract year of the amount paid. 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 amount of commissions paid (b) Total amount of fees paid 0 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 (b) Amount of sales and base Fees and other commissions paid (e) Organization code (b) Amount of sales and base Fees and other commissions or fees were paid							•) •	001
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 THE PRUDENTIAL INSURANCE COMPANY OF AMERICA (b) EIN (c) NAIC code identification number persons covered at end of policy or contract year persons covered at end of policy or contract year (b) EIN (c) NAIC (d) Contract or identification number persons covered at end of policy or contract year (c) From (g) To 22-1211670 68241 GA-8216 37854 01/01/2016 12/31/2016 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 amount of commissions paid (b) Total amount of fees paid 0 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 (b) Amount of sales and base commissions paid (c) Amount (d) Purpose (e) Organization code	•				BOARD OF TRUSTEE	-	-	ation Number	r (EIN)
(a) Name of insurance carrier THE PRUDENTIAL INSURANCE COMPANY OF AMERICA (b) EIN (c) NAIC code (d) Contract or identification number (e) Approximate number of persons covered at end of policy or contract year (persons covered at end of policy or contract year (persons covered at end of policy or contract year (persons covered at end of policy or contract year (persons covered at end of policy or contract year (persons covered at end of policy or contract year (persons covered at end of policy or contract year (persons received to the amount paid. (a) Total amount of 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 amount of commissions paid (b) Total amount of fees paid (a) Total amount of 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 (b) Amount of sales and base commissions paid (c) Amount (d) Purpose (e) Organization code (b) Amount of sales and base (c) Amount of the agent, broker, or other person to whom commissions or fees were paid		on a separ							
(b) EIN (c) NAIC (d) Contract or identification number persons covered at end of policy or contract year persons covered at end of policy or contract year persons covered at end of policy or contract year persons covered at end of policy or contract year (f) From (g) To 22-1211670 68241 GA-8216 37854 01/01/2016 12/31/2016 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 amount of commissions paid (b) Total amount of fees paid 0 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 (b) Amount of sales and base C) Amount (d) Purpose (e) Organization code (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid	1 Coverage	Information:							
(b) EIN (c) NALC Code Identification number persons covered at end of policy or contract or or contra	` '			PANY OF AMERICA	(a) Approximate p	umbar of	T	Policy or	contract year
22-1211670	(b)	EIN			persons covered a	t end of	(f)	•	
(a) Total amount of commissions paid (b) Total amount of fees paid O 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 (b) Amount of sales and base commissions paid (c) Amount (d) Purpose (e) Organization code (b) Amount of sales and address of the agent, broker, or other person to whom commissions or fees were paid	22-1211670		68241	GA-8216		,	01/01/2016		12/31/2016
(a) Total amount of commissions paid (b) Total amount of fees paid 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 (b) Amount of sales and base commissions paid (c) Amount (d) Purpose (e) Organization code (b) Amount of sales and address of the agent, broker, or other person to whom commissions or fees were paid					tal commissions paid. L	st in line 3	the agents, b	orokers, and	other persons in
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 (b) Amount of sales and base						(b) T	otal amount o	of fees paid	
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid (b) Amount of sales and base		(-,				(, -		, , , , , , , , , , , , , , , , , , ,	0
(b) Amount of sales and base commissions paid (c) Amount (d) Purpose (e) Organization code (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid (b) Amount of sales and base	3 Persons r	receiving com	nmissions and	fees. (Complete as many entries	s as needed to report all	persons).			
(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 (c) Amount (d) Purpose (e) Organization code			(a) Name	and address of the agent, broker	r, or other person to who	m commiss	sions or fees	were paid	
(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 (c) Amount (d) Purpose (e) Organization code									
(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	(b) Amou	unt of sales a	nd base	Fe	es and other commissio	ns paid			
(b) Amount of sales and base Fees and other commissions paid	cor	mmissions pa	nid	(c) Amount		(d) Purpos	se		(e) Organization code
(b) Amount of sales and base Fees and other commissions paid									
(b) Amount of sales and base			(a) Name	and address of the agent, broker	r, or other person to who	m commiss	sions or fees	were paid	
(b) Amount of sales and base			, ,	-	·			·	
	(h) Amou	int of sales a	nd hase	Fe	es and other commission	ns paid			
				(c) Amount		(d) Purpos	se		(e) Organization code
						•			

Schedule A (Form 5500) 2	2016	Page 2 – 1		
(a) No.	me and address of the agent bro	lker, er ether person to whom commissions or fees were paid		
(a) Nai	me and address of the agent, bro	oker, or other person to whom commissions or fees were paid		
	Fees and other commissions paid			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code	
(a) Nar	me and address of the agent, bro	sker, or other person to whom commissions or fees were paid		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization	
commissions paid	(c) Amount	(d) Purpose	code	
	me and address of the agent, bro	sker, or other person to whom commissions or fees were paid		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization	
commissions paid	(c) Amount	(d) Purpose	code	
(a) Nar	me and address of the agent, bro	sker, or other person to whom commissions or fees were paid		
	_			
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization	
commissions paid	(c) Amount	(d) Purpose	code	
(a) Nar	me and address of the agent, bro	oker, or other person to whom commissions or fees were paid		

(d) Purpose

(c) Amount

(b) Amount of sales and base commissions paid

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	Part	II Investment and Annuity Contract Information			
•	rarı	Where individual contracts are provided, the entire group of such individual this report.	idual contracts with each carrier	may be treated as a u	nit for purposes of
4	Curi	rent value of plan's interest under this contract in the general account at year	end	4	99887706
		rent value of plan's interest under this contract in separate accounts at year e			2313234793
_		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		6c	
	d	If the carrier, service, or other organization incurred any specific costs in co retention of the contract or policy, enter amount		6d	
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferre	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan, check here	П	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma			
	а	` · · · · · · · · · · · · · · · · · · ·	ate participation guarantee		
		(3) guaranteed investment (4) X other			
		(3) U guaranteed investment (4) [4] out of a			
	h	Polones at the and of the provious year		7b	97716155
	b C	Balance at the end of the previous year	7c(1)	/ 10	97710133
	·	(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	7c(3)	7068945	
		(4) Transferred from separate account	7c(4)	7 0000 10	
			7c(5)	595417	
		(5) Other (specify below) EXPERIENCE ADJUSTMENT	70(3)	333417	
		P EXPERIENCE ADJUSTIMENT			
		(6)Total additions		7c(6)	7664362
	d	Total of balance and additions (add lines 7b and 7c(6))		7d	105380517
	е	Deductions:			
		(1) Disbursed from fund to pay benefits or purchase annuities during year			
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)	5492811	
		(4) Other (specify below)	7e(4)		
		>			
		(5) Total deductions		7e(5)	5492811
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			99887706

Pa	art l	III Welfare Benefit Contract Information						
		If more than one contract covers the same group of the information may be combined for reporting purp						
		employees, the entire group of such individual cont	racts with each ca	rrier may be t	reated as a unit for pu	rposes of thi	is report.	
8	Ben	nefit and contract type (check all applicable boxes)		•	·		·	
	а「		Dental	с□	Vision	c	d Life insurance	
	e		_ong-term disabilit	_	Supplemental unemp		n Prescription drug	
	· [Dioyinient I	- =	
	י ו		HMO contract	K 🗌	PPO contract		I Indemnity contract	
	m	Other (specify)						
	•	perience-rated contracts:	Г	0-(4)				
		Premiums: (1) Amount received	l l	9a(1)				
		(2) Increase (decrease) in amount due but unpaid	T .	9a(2) 9a(3)			-	
		(3) Increase (decrease) in unearned premium reserve (4) Earned ((1) + (2) - (3))	_			9a(4)		
						3a(1)		
	~	(2) Increase (decrease) in claim reserves						
		(3) Incurred claims (add (1) and (2))	_	<u> </u>		9b(3)		
		(4) Claims charged				9b(4)		
	С	Remainder of premium: (1) Retention charges (on an ac	crual basis)					
		(A) Commissions		9c(1)(A)				
		(B) Administrative service or other fees		9c(1)(B)				
		(C) Other specific acquisition costs	T .	9c(1)(C)				
		(D) Other expenses	h h	9c(1)(D)			_	
		(E) Taxes	F	9c(1)(E)				
		(F) Charges for risks or other contingencies	ħ	9c(1)(F) 9c(1)(G)			-	
		(G) Other retention charges(H) Total retention	L			9c(1)(H)		
		(2) Dividends or retroactive rate refunds. (These amoun						
	d	Status of policyholder reserves at end of year: (1) Amoun	 -			9c(2) 9d(1)		
	u	(2) Claim reserves	•			9d(2)		
		(3) Other reserves				9d(3)		
	е					9e		
10		onexperience-rated contracts:			,	•		
	а	Total premiums or subscription charges paid to carrier				10a		
	b	If the carrier, service, or other organization incurred any	specific costs in co	onnection with	n the acquisition or			
	_	retention of the contract or policy, other than reported in	Part I, line 2 above	e, report amoi	unt	10b		
	Spe	ecify nature of costs.						
Pa	art l	IV Provision of Information						
11	Dic	id the insurance company fail to provide any information ne	ecessary to comple	ete Schedule	A?	Yes	No	
		the answer to line 11 is "Yes," specify the information not p			<u> </u>			
		and another to mile in the independent the information flot						

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Insurance Information

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

File as an attachment to Form 5500.

OMB No. 1210-0110

2016

Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).					This F	orm is Open to Public Inspection	
For calendar plan year 2	016 or fiscal pla	an year beginning 01/01/2016		а	nd ending 12/3	1/2016	
A Name of plan WESTERN CONFEREN	ICE OF TEAMS	STERS PENSION PLAN		В	Three-digit plan number (PN	N) •	001
C Plan sponsor's name WESTERN CONFEREN		ne 2a of Form 5500 STERS PENSION TRUST FUND E	BOARD OF TRUSTEE	D E	Employer Identific 91-6145047	ation Numbe	er (EIN)
		erning Insurance Contract A. Individual contracts grouped a					
1 Coverage Information	:						
(a) Name of insurance of THE PRUDENTIAL INSU		ANY OF AMERICA				Daliana	
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate nu persons covered a	t end	of (f)	From	contract year (g) To
22 1211670		GA-8217	policy or contrac		01/01/2016		12/31/2016
22-1211670	68241	GA-6217	571771		01/01/2016)	12/31/2016
2 Insurance fee and cor descending order of the		nation. Enter the total fees and tot	al commissions paid. L	ist in I	ine 3 the agents,	brokers, and	other persons in
(a) Tota	I amount of con				(b) Total amount	of fees paid	
		0					0
3 Persons receiving con	mmissions and	fees. (Complete as many entries	as needed to report all	perso	ns).		
	(a) Name	and address of the agent, broker,	or other person to who	m con	nmissions or fees	were paid	
(b) Amount of sales	and base	Fee	es and other commission	ns pai	d		
commissions p	aid	(c) Amount		(d) Pu	ırpose		(e) Organization code
	(a) Name	and address of the agent, broker,	or other person to who	m con	nmissions or fees	were paid	
(b) Amount of sales	and base	Fee	es and other commission	ns pai	d		
commissions p		(c) Amount		(d) Pu	ırpose		(e) Organization code
For Donomyork Doducti	ion Act Notice	see the Instructions for Form I	E00			Col	adula A (Farm FF00) 2016

Schedule A (Form 5500) 2	2016	Page 2 – 1		
(a) No.	me and address of the agent bro	lker, er ether person to whom commissions or fees were paid		
(a) Nai	me and address of the agent, bro	oker, or other person to whom commissions or fees were paid		
	Fees and other commissions paid			
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code	
(a) Nar	me and address of the agent, bro	sker, or other person to whom commissions or fees were paid		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization	
commissions paid	(c) Amount	(d) Purpose	code	
	me and address of the agent, bro	sker, or other person to whom commissions or fees were paid		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization	
commissions paid	(c) Amount	(d) Purpose	code	
(a) Nar	me and address of the agent, bro	sker, or other person to whom commissions or fees were paid		
	_			
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization	
commissions paid	(c) Amount	(d) Purpose	code	
(a) Nar	me and address of the agent, bro	oker, or other person to whom commissions or fees were paid		

(d) Purpose

(c) Amount

(b) Amount of sales and base commissions paid

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F	Part	II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indiv	ridual contract	ts with each carrier ma	v be treated as a	unit for purposes of
		this report.			.,	u 101 pa.peese e.
4	Curi	ent value of plan's interest under this contract in the general account at year	end		4	
5	Curi	ent value of plan's interest under this contract in separate accounts at year e	end		5	7962926612
6	Con	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			6d	
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferre	d annuity			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan, cl	heck here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	aintained in se	eparate accounts)		
	а	· · · · · · · · · · · · · · · · · · ·	ate participation	•		
				UNDING FACILITY		
		(5) G guaranteed investment (1) A suits.				
	b	Balance at the end of the previous year			7b	
	С	Additions: (1) Contributions deposited during the year	7c(1)			
		(2) Dividends and credits	7c(2)			
		(3) Interest credited during the year	7c(3)			
		(4) Transferred from separate account	7c(4)			
		(5) Other (specify below)	7c(5)			
		(6)Total additions			7c(6)	
	А	Total of balance and additions (add lines 7b and 7c(6)).			7d	
		Deductions:			174	
	·	(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)			
		(4) Other (specify below)	70(1)			
		•				
		(5) Total deductions			7e(5)	
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			7 f	

Part III Welfare Benefit Contract Information								
		If more than one contract covers the same group of						
		the information may be combined for reporting pur employees, the entire group of such individual con	tracts with each ca	arrier mav be t	treated as a unit for pu	rposes of this	s report.	
8	Ben	nefit and contract type (check all applicable boxes)		,	· ·	<u>'</u>	<u>'</u>	
	a [Dental	cП	Vision	d	Life insurance	
							=	
	e [Long-term disabilit		Supplemental unemp	pioyment i	Prescription drug	
	ו ו		HMO contract	K 📗	PPO contract		Indemnity contract	
	m	Other (specify)						
	•	erience-rated contracts:	ı					
		Premiums: (1) Amount received		9a(1)				
		(2) Increase (decrease) in amount due but unpaid		9a(2)				
		(3) Increase (decrease) in unearned premium reserve				0-(4)		
		(4) Earned ((1) + (2) - (3))				9a(4)		
	b	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 (on an ac				0.2(1)		
		(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	ļ.			0. (4)(1))		
		(H) Total retention				9c(1)(H)		
		(2) Dividends or retroactive rate refunds. (These amour		_		9c(2)		
	d	Status of policyholder reserves at end of year: (1) Amou	•			9d(1)		
		(2) Other reserves				9d(2)		
	е	(3) Other reserves				9d(3) 9e		
10		onexperience-rated contracts:	de amount entered	1 111 1111 0 3C(2) .	<i>J</i>	36		
	a	Total premiums or subscription charges paid to carrier				10a		
	b	If the carrier, service, or other organization incurred any						
	~	retention of the contract or policy, other than reported in				10b		
	Spe	ecify nature of costs.						
P	art l	IV Provision of Information						
		id the insurance company fail to provide any information n	angeeant to compl	ata Sahadula	Δ2 Π	Yes	No	
				ere on leanie	Λ:	100	110	
12	If t	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

2016

This Form is Open to Public Inspection

For calendar plan year 20	to or tiscal plan	year beginning 01/01/2016		and en	aing 12/31/2016	j	T
A Name of plan WESTERN CONFERENCE OF TEAMSTERS PENSION PLAN					e-digit number (PN))	001
C Plan sponsor's name as shown on line 2a of Form 5500 WESTERN CONFERENCE OF TEAMSTERS PENSION TRUST FUND BOARD			BOARD OF TRUSTEE		yer Identification N 6145047	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 car THE UNION LABOR LIFE I		OMPANY					
(b) EIN	(c) NAIC	(d) Contract or	(e) Approximate nu persons covered a			licy or co	ontract year
(2) 2	code	identification number	policy or contrac		(f) From		(g) To
13-1423090	69744	GA02147			01/01/2016		12/31/2016
2 Insurance fee and commodescending order of the		tion. Enter the total fees and to	tal commissions paid. L	ist in line 3	the agents, broker	rs, and o	ther persons in
(a) Total a	amount of comm		(b) Total amount of fees paid				
		37195					0
3 Persons receiving com		es. (Complete as many entries			: (: . !	
ULLICO INVESTMENT CO	· ' '	nd address of the agent, broker 8403 0	colesville road	m commiss	ions or fees were p	paid	
			R SPRINGS, MD 20910				
							Γ
(b) Amount of sales ar			Fees and other commissions paid				(a) Ourseinstien seds
commissions pai	la e	(c) Amount 37195		(d) Purpose	9		(e) Organization code
		67 100					
	(a) Name a	nd address of the agent, broker	, or other person to who	m commiss	ions or fees were	paid	
	. ,	•	·				
(b) Amount of sales ar	nd hase	Fe	es and other commission	ns paid			
commissions pai		(c) Amount		(d) Purpose	9		(e) Organization code
For Paperwork Reductio	For Paperwork Reduction Act Notice, see the Instructions for Form 5500. Schedule A (Form 5500) 2016						

Schedule A (Form 5500) 2	2016	Page 2 – 1	
(a) No.	me and address of the agent bro	oker, or other person to whom commissions or fees were paid	
(a) Nai			
		Fees and other commissions paid	(e)
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	Organization code
(a) Nar	me and address of the agent, bro	sker, or other person to whom commissions or fees were paid	
(b) Amount of sales and base		(e) Organization	
commissions paid	(c) Amount	(d) Purpose	code
(a) Nar	me and address of the agent, bro	ker, or other person to whom commissions or fees were paid	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Nar	me and address of the agent, bro	ker, or other person to whom commissions or fees were paid	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
	me and address of the agent, bro	ker, or other person to whom commissions or fees were paid	

(d) Purpose

(c) Amount

(b) Amount of sales and base commissions paid

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F	Part	II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indiv	ridual contrac	cts with each carrier ma	y be treated as a	unit for purposes of
		this report.			,	
		rent value of plan's interest under this contract in the general account at year			4	
5	Curi	rent value of plan's interest under this contract in separate accounts at year e	nd		5	51901290
6	Con	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 coretention of the contract or policy, enter amount			6d	
		Specify nature of costs				
	е	Type of contract: (1) individual policies (2) group deferre	d annuity			
		(3) other (specify)				
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan, c	check here		
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	aintained in s	eparate accounts)		
	а	Type of contract: (1) deposit administration (2) immedia	ate participat	ion guarantee		
		(3) guaranteed investment (4) other	•			
		(1)				
	b	Balance at the end of the previous year			7b	
	C	Additions: (1) Contributions deposited during the year	7c(1)		1 - 2	
		(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)	
	Ы	Total of balance and additions (add lines 7b and 7c(6)).			7d	
		Deductions:	Γ			
	•	(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)			7 f	

F	ane	Δ

P	Part III Welfare Benefit Contract Information If more than one contract covers the same group of employees of the same employer(s) or me the information may be combined for reporting purposes if such contracts are experience-rate employees, the entire group of such individual contracts with each carrier may be treated as a second contract of the same employers.				erience-rated as a uni	t. Where c	ontrac	ts cover individual			
8	Ber	efit ar	nd contract type (check all applicable boxes)								_
	а	Не	alth (other than dental or vision)	b Dental		с	Vision		d	Life insurance	
	е		mporary disability (accident and sickness)	f Long-term disabil		g	Supplemental unem	nlovment	h∏	Prescription drug	
	:	_	, , , , , , , , , , , , , , , , , , , ,		-		1 · · ·	pioyinoni			
	٠ ا		p loss (large deductible)	j HMO contract		<u> </u>	PPO contract		• □	Indemnity contract	
	m	Ot	ner (specify)								
0		oriono	e-rated contracts:								
Э			e-rated contracts. ums: (1) Amount received		02(1)						
	а		crease (decrease) in amount due but unpaid		9a(1) 9a(2)				_		
			crease (decrease) in unearned premium res								
			arned ((1) + (2) - (3))					9a(4)			_
	b	, ,	efit charges (1) Claims paid					1 04(.)			
			crease (decrease) in claim reserves		(-)						
		` '	curred claims (add (1) and (2))					9b(3)			_
			laims charged					9b(4)			
	C	Rem	ainder of premium: (1) Retention charges (c	n an accrual basis)							
		(A) Commissions		9c(1)(/	۹)					
		(B) Administrative service or other fees		9c(1)(I						
			C) Other specific acquisition costs		9c(1)(0						
		(D) Other expenses		9c(1)(I	_					
		,	E) Taxes		9c(1)(E				_		
		,	F) Charges for risks or other contingencies .		9c(1)(F						
			G) Other retention charges					0-/4\/11			
		,	H) Total retention	_		_		9c(1)(H)		
			vividends or retroactive rate refunds. (These			_		9c(2)			
	d		us of policyholder reserves at end of year: (1	•				9d(1)			
		` '	Claim reserves					9d(2)			
	_	` '	Other reserveslends or retroactive rate refunds due. (Do n					9d(3) 9e			_
10			erience-rated contracts:	JI IIICIQUE AITIOUTIL ETILETE	u III IIIIe 3	C(Z).	.)	36			
. •	a		I premiums or subscription charges paid to o	arrier				10a			_
	b		carrier, service, or other organization incur								_
			ntion of the contract or policy, other than rep					10b			
	Spe		ature of costs.		•						
	0=1	11/	Dravisian of Information								_
	art		Provision of Information					.,			
			nsurance company fail to provide any inform		lete Sche	dule	A?	Yes	X N	0	_
12	lf t	he an	swer to line 11 is "Yes," specify the informat	on not provided.							