Exhibit H
To The
Second Amended Complaint For Breach Of Contract,
Unjust Enrichment, Breach of Fiduciary Duty,
Violation of California Business & Professions Code
§ 17200, And An Accounting

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 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.

Official Use Only
OMB Nos. 1210-0110
1210-0089

2004

This Form is Open to
Public Inspection.

Part I   Annual Report Identification Information

For the calendar plan year 2004 or fiscal plan year beginning   04/01/2004   and ending   03/31/2005

A This return/report is for:
(1) [X] a multiemployer plan;
(2) [ ] a single-employer plan (other than a multiple-employer plan);
(3) [ ] a multiple-employer plan; or
(4) [ ] a DFE (specify) _____

B This return/report is:
(1) [ ] the first return/report filed for the plan;
(2) [ ] an amended return/report;
(3) [ ] the final return/report filed for the plan;
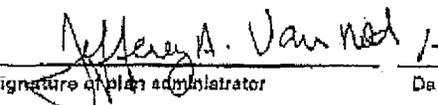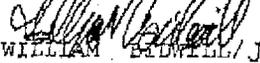(4) [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here .... ► [X]

D If filing under an extension of time or the DFVC program, check box and attach required information. (see instructions) .... ► [X]

Part II   Basic Plan Information -- enter all requested information.

1a Name of plan
NFL PLAYER SUPPLEMENTAL DISABILITY PLAN

1b Three-digit plan number (PN) ►   501

1c Effective date of plan (mo., day, yr.)
07/01/1993

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
DISABILITY BOARD OF THE NFL PLAYER
SUPPLEMENTAL DISABILITY PLAN

200 ST. PAUL PLACE, SUITE 2420

BALTIMORE   MD   21202-2040

2b Employer Identification Number (EIN)
52-1852594

2c Sponsor's telephone number
800-638-3186

2d Business code (see instructions)
711210

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report if it is being filed electronically, and to the best of my knowledge and belief, it is true, correct and complete.

SIGN HERE
Signature of plan administrator   _Jeffery A. Van Note_   1-12-06
Date
WILLIAM BIDWILL/ JEFFEREY A. VAN NOTE
Type or print name of individual signing as plan administrator

SIGN HERE
Signature of employer/plan sponsor/DFE   Date
Type or print name of individual signing as employer, plan sponsor or DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.   V7.2   Form 5500 (2004)

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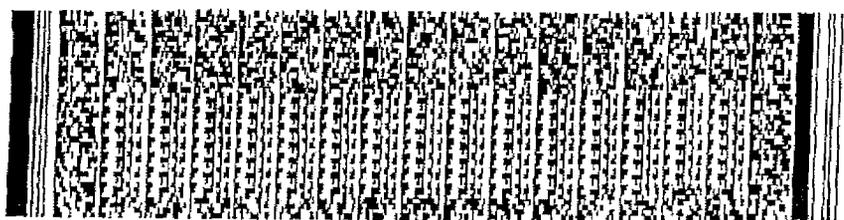
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3a Plan administrators name and address (if same as plan sponsor, enter "Same")
SAME

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report below:

a Sponsor's name

b EIN

c PN

5 Preparer information (optional) **a** Name (including firm name, if applicable) and address
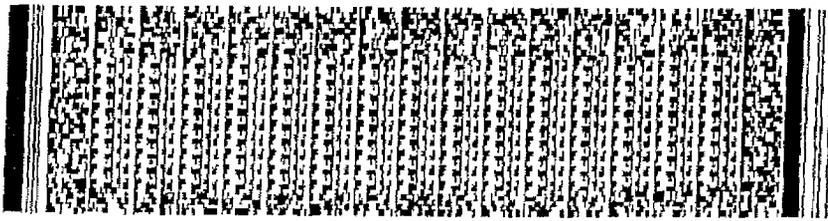
b EIN

c Telephone number

6	Total number of participants at the beginning of the plan year	6	6857
7	Number of participants as of the end of the plan year (welfare plans complete only lines 7a, 7b, 7c, and 7d)		
a	Active participants	7a	2102
b	Retired or separated participants receiving benefits	7b	106
c	Other retired or separated participants entitled to future benefits	7c	4768
d	Subtotal. Add lines 7a, 7b, and 7c	7d	6976
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	7e	
f	Total. Add lines 7d and 7e	7f	
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	7g	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	7h	
i	If any participant(s) separated from service with a deferred vested benefit, enter the number of separated participants required to be reported on a Schedule SSA (Form 5500)	7i	

8 Benefits provided under the plan (complete 8a and 8b as applicable)

a ☐ Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension feature codes from the List of Plan Characteristics Codes printed in the instructions):

b ☒ Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare feature codes from the List of Plan Characteristics Codes printed in the instructions): 4H 4U

9a Plan funding arrangement (check all that apply)
(1) ☐ Insurance
(2) ☐ Code section 412(i) insurance contracts
(3) ☒ Trust
(4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance
(2) ☐ Code section 412(i) insurance contracts
(3) ☒ Trust
(4) ☐ General assets of the sponsor

0 2 0 4 1 0 0 2 0 9