



Single-Employer Plan

Variable Rate Premium
(See Part E for Item-by-Item Instructions)



PB0244

659287

Photocopies and downloaded forms may be filed (see instructions).

(a) Plan Year from Form 1 item 12(a): M M D D Y Y Y Y 2 0 0 2 (b) EIN/PN from Form 1 item 3 (a) and (b): 9-digit EIN 3-digit PN

(c) Plan Name:

SECTION ONE: FILING METHOD.

1. Check a single box and go to item 2. See Section Four for required certifications. (a) General Rule. (b) Alternative Calculation Method (ACM). (1) Plan with fewer than 500 Participants. (2) Plan with 500 or more Participants. (c) Modified ACM for Plan Terminating in Distress or Involuntary Termination with a pre-2002 Plan Year termination date of: M M D D Y Y Y Y

SECTION TWO: UNFUNDED VESTED BENEFITS.

2. Present Value of Vested Benefits: Plan Values are determined as of: M M D D Y Y Y Y

The assumed retirement age is years. The adjusted values are based on a

Required Interest Rate of % and an accrual factor of

Table with 3 columns: (a) Plan Value of Vested Benefits (ACM filers only) Value, (a) Plan Value of Vested Benefits (ACM filers only) Interest Rate, (b) Adjusted Value of Vested Benefits. Rows include Retirees/beneficiaries receiving payments, Participants not receiving payments, and Total (item (1) plus item (2)).

3. Value of Plan Assets: (a) Enter value of Plan Assets as of M M D D Y Y Y Y (b) Enter contribution receivables included in item 3(a). (c) Discounted paid contributions. (Note: For plans with fewer than 500 participants, this item is optional). (d) Enter adjusted value of plan assets (item 3(a) minus item 3(b) plus item 3(c)). 4. Adjusted Unfunded Vested Benefits: Enter adjusted unfunded vested benefits. (ACM filers see instructions, pp. 36-37, for interest and significant events adjustments.)

SECTION THREE: VARIABLE RATE PREMIUM.

5. Variable Rate Premium: Enter here and on Form 1, item 14(c), either (a) \$0, if item 4 was \$0; or (b) the amount in item 4 multiplied by 0.009.





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EIN/PN from Form 1 item 3 (a) and (b):

EIN

PN

SECTION FOUR: CERTIFICATIONS

6. Certification of Plan Administrator. The plan administrator must sign and complete this item. See instructions, pp. 37-38.

I certify, under penalties of perjury (18 U.S.C. 1001), that I have examined the completed PBGC Form 1 (including Schedule A and attachments) and, to the best of my knowledge and belief, the Form 1 (including Schedule A and attachments) and this certificate are in conformance with the premium regulations and instructions, complete, and accurate, and any information I made available to the enrolled actuary is true, correct, and complete.

I further certify, under penalties of perjury (18 U.S.C. 1001), that, for the plan year preceding the premium payment year, a Participant Notice as provided for in ERISA section 4011 and the PBGC's regulation on Disclosure to Participants (29 CFR Part 4011):

- (a) [] Was not required to be issued; Or, (b) [] Was issued as required; Or, (c) [] An explanation is attached.

Signature of Single-Employer Plan Administrator

M M D D Y Y Y Y

Date

Print or type first name of individual who signs Print or type last name of individual who signs

Business E-mail Address (Optional)

7. Certification of Enrolled Actuary. An Enrolled Actuary must sign and complete the certification below if: (1) box 1(a) is checked; or (2) any one or more of boxes (a), (b), and (c) below are applicable. (See the Certification Requirements in the instructions for item 1 (pp. 30-32) for the filing method you selected to determine which of boxes (a), (b), and (c) below are applicable.)

NOTE: If any one or more of boxes (a), (b), and (c) below are applicable, the Enrolled Actuary must also check the applicable box(es).

I certify, under penalties of perjury (18 U.S.C. 1001), that I have examined the completed Schedule A and to the best of my knowledge and belief, the schedule and this certificate are in conformance with the premium regulations and instructions, complete and accurate, and any information I made available to the plan administrator is true, correct, and complete, and further that:

- (a) [] The plan had 500 or more participants as of the premium snapshot date; the actuarial value of plan assets equals or exceeds the value of all accrued benefits under the plan (valued at the Required Interest Rate); and the entry in item 2(b) is the present value of accrued benefits.
- (b) [] The adjusted value of vested benefits in item 2(b) was determined using the plan interest rate, and the plan interest rate was equal to or less than the Required Interest Rate.
- (c) [] The adjusted unfunded vested benefits reported on Schedule A reflect, in a manner consistent with generally accepted actuarial principles and practices, the occurrence, if any, of any of the significant events described in the premium regulation and instructions. (NOTE: If you check this box, you must complete the following information.)

(1) Check each significant event (S.E.) that occurred between the determination date entered in item 2 of this Schedule A and the premium snapshot date (see Part A.7 of instructions (pp. 4-5) for definitions):

- [] S.E. (1) [] S.E. (2) [] S.E. (3) [] S.E. (4) [] S.E. (5) [] S.E. (6) [] S.E. (7) [] No Significant Events

(2) Total amount included in item 4 due to significant events

(If this amount is negative, please check this box:) []

Enrollment Number

Signature of Enrolled Actuary

M M D D Y Y Y Y

Date

Print or type first name of individual who signs Print or type last name of individual who signs

Business E-mail Address (Optional)

Street Address

Telephone Number (Optional)

City

State

Zip Code

