SCHEDULE A
(PBGC Form 1)
1997

Single-Employer Plan
Variable Rate Premium
(See Part H for General Instructions and Part I for Line-By-Line Instructions)

Photocopies of this form may not be filed.

Approved OMB 1212-0009
Expires 2/28/98
412650

(a) EIN/PN from Form 1 line 3 (a) and (b):
(b) Plan Year from Form 1 line 12(a):
(c) Plan Name:
(d) Regulated Public Utility Plan (See page 2 of instructions.)

SECTION ONE: FILING METHOD. All Single-Employer plans must complete this section.

1. Filing Method: Check only one box. See Section Four for required certifications.
   (a) General Rule. Go to line 2.  
   (b) Alternative Calculation Method (ACM). Check a box and go to line 2.
      (1) Plans with fewer than 500 Participants.  (2) Plans with 500 or more Participants.
   (c) Plans Exempt from Variable Rate Premium: Check a box and go to line 9 and enter $0.
      (1) No Vested Participants.  (2) 412(i) Plans  (3) Fully funded plans with fewer than 500 Participants,
         . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ..
SECTION FOUR. CERTIFICATIONS

10. Certification of Plan Administrator. All Single-Employer plan administrators must sign and complete this line. See instructions, page 22.

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 (29 U.S.C. 1311) 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.

NOTE: Check (a), (b), or (c). If you check box (c), attach an explanation and check the box in item 19 on Form 1.

Check box (a) if no variable rate premium was required for the plan year preceding the premium payment year or the plan was otherwise exempt (see instructions).

Signature of Single-Employer Plan Administrator

Date

Print or type first name of individual who signs

Print or type last name of individual who signs

11. Certification of Enrolled Actuary. An Enrolled Actuary must sign and complete the certification below if: (1) the box on line 1(a) is checked; or (2) any one or more of boxes (a) through (e) below is applicable. (See the "Certification Requirements" instructions in Part H, Item 5 (page 16), for the filing method you selected to determine which of boxes (a) through (e) below are applicable.)

NOTE: If any one or more of boxes (a) through (e) below is applicable, the Enrolled Actuary must also initial 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 last day of the preceding plan year (or if this is a new or newly covered plan, as of the first day of the premium payment year); 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 on line 2(a) is the present value of accrued benefits.

(Initials)

(b) [ ] The plan had no unfunded vested benefits and fewer than 500 participants both as of the last day of the preceding plan year (or if this is a new or newly covered plan, as of the first day of the premium payment year).

(Initials)

(c) [ ] The adjusted value of vested benefits on line 2(b) is the same as the plan value of vested benefits entered on line 2(a), Schedule A, because the plan interest rate used to value the vested benefits entered on lines 2(a)(1) and 2(a)(2) was equal to or less than the Required Interest Rate.

(Initials)

(d) [ ] 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 initial this box, you must complete the following information.)

(1) Check each significant event that occurred between the determination date entered on line 2 of this Schedule A and the last day of the plan year preceding the premium payment year (see Part H.6 of instructions 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 line 4 due to significant events

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

(Initials)

(e) [ ] The plan meets the requirements for the exemption applicable to plans at the full funding limit.

Enrollment Number

Signature of Enrolled Actuary

Date

Print or type first name of individual who signs

Print or type last name of individual who signs

Street Address

City

State

Zip Code