

Annual Premium Payment for Single-Employer Plans Exempt from the Variable Rate Premium

For Plan Years Beginning in Calendar Year 2001

Check for Amended Filing [] Check for Disaster Relief [] (see instructions) See the 2001 Premium Payment Package for the instructions for Form 1-EZ

Photocopies of this form may not be filed. Downloaded forms may be filed (see instructions).

1. Plan Sponsor and 2. Plan Administrator sections with checkboxes for address change and form preferences, and fields for Name and Address.

3. Employer Identification Number/ Plan Number (EIN/PN) section with fields for 9-digit EIN and 3-digit PN, and a checkbox for 2000 Form 5500 match.

4. If EIN and PN in Item 3 (a) and (b) above are NOT BOTH the same as on the most recent premium filing, enter both prior EIN and prior PN. Includes fields for prior EIN/PN and effective date of change.

5. Plan Coverage Status (check one) (a) [] Covered (b) [] Uncertain (If uncertain, you should file. See instructions, page 14.)

6. Is this the first premium filing for this plan? [] No [] Yes. If yes, enter the following dates. Includes fields for plan effective date, adoption date, and coverage date.

7. Transfers from disappearing plans: Has a plan other than yours ceased to exist in connection with any transfer of assets or liabilities from that plan to this plan since the most recent premium filing? Includes fields for transferor's EIN/PN, dates, and transfer types.

8. Enter 6-Digit Industry Code: []

9. Name of Plan: []

10. Name and Phone Number of Plan Contact (a) Name: [] (b) Area Code and Phone Number: []

11. (a) This premium is for the plan year beginning: [] 2001 [] (b) This premium is for the plan year ending: [] (c) [] Check here if the plan year beginning date has changed since last filing with PBGC (d) Adoption date of plan year change: []

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EIN/PN from line 3 (a) and (b)

9-digit EIN

3-digit PN

[Empty box for 9-digit EIN]

[Empty box for 3-digit PN]

12. Variable Rate Premium Exemption Category: Check a single box.
- (a) No Vested Participants. (b) 412(i) Plan. (c) Fully funded plan with fewer than 500 Participants.

(d) Standard Termination with a pre-2001 Plan Year proposed termination date of: M M D D Y Y Y Y

(e) Plan at Full Funding Limit.

13. Enter PARTICIPANT COUNT for the plan year specified in Item 11 13
 (See instructions, page 18, for new definition of "participant.")

14. PREMIUM: Multiply the participant count on line 13 by \$19 14

15. Premium credits (See instructions, pages 19-20.)

(a) Amount paid by check or wire transfer with 2001 Form 1-ES (line 8 of Form 1-ES) 15(a)

(b) Other credit (including any credit claimed on line 7 of the 2001 Form 1-ES and any short-year credit). (See instructions, pages 19-20.) 15(b)

(c) Total credit: Add lines 15(a) and 15(b). Enter amount. 15(c)

16. Amount due. If the amount on line 14 is LARGER than the amount on line 15(c), subtract line 15(c) from line 14 and enter the amount due on line 16. 16

See page 20 of instructions for payment methods. Indicate how you are paying the amount due:

by check enclosed with this form, or by wire transfer.

17. Overpayment. If the amount on line 14 is SMALLER than the amount on line 15(c), subtract line 14 from line 15(c) and enter the overpayment on line 17 17

See page 20 of instructions for application of overpayments. An amount of overpayment not otherwise applied may be refunded or credited against the plan's next premium filing. If you want a refund, check here:

For a refund by wire transfer, indicate whether transfer is to a checking account or savings account and

enter the bank routing number and account number for the refund

18. If you have attachments, check here: Put EIN/PN (item 3(a) and (b)) and date premium payment year commenced (PYC) on each sheet.

19. Certification of Plan Administrator (see instructions). I certify, under penalties of perjury (18 U.S.C. 1001), that I have examined this form (including any attachments) and, to the best of my knowledge and belief, the form (including any 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.

[Empty box for Signature of Single-Employer Plan Administrator]

Signature of Single-Employer Plan Administrator

[Empty box for Date]

Date

[Empty box for Print or type first name of individual who signs]

Print or type first name of individual who signs

[Empty box for Print or type last name of individual who signs]

Print or type last name of individual who signs

[Empty box for Business E-mail Address (Optional)]

Business E-mail Address (Optional)

20. Certification of Enrolled Actuary. An Enrolled Actuary must sign and complete the certification below if box 12 (c) or 12 (e) is checked. (See instructions.)

I certify, under penalties of perjury (18 U.S.C. 1001), that to the best of my knowledge and belief, the plan qualifies for the exemption checked in item 12.

[Empty box for Enrollment Number]

Enrollment Number

[Empty box for Signature of Enrolled Actuary]

Signature of Enrolled Actuary

[Empty box for Date]

Date

[Empty box for Print or type first name of individual who signs]

Print or type first name of individual who signs

[Empty box for Print or type last name of individual who signs]

Print or type last name of individual who signs

[Empty box for Business E-mail Address (Optional)]

Business E-mail Address (Optional)

[Empty box for Street Address]

Street Address

[Empty box for City]

City

[Empty box for State]

State

[Empty box for Zip Code]

Zip Code