# 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 the 2001 Premium Payment Package for the instructions for Form 1-EZ

---

1. Plan Sponsor  
   - Check if you do not want forms and instructions next year [ ]
   - Name
   - Address
   - City  State  Zip

2. Plan Administrator  
   - Check if same as plan sponsor and go to Item 3 [ ]
   - Name
   - Address
   - City  State  Zip

3. Employer Identification Number/Plan Number (EIN/PN)  
   - (a) Enter 9-digit EIN
   - (b) Enter 3-digit PN
   - (c) Does EIN/PN match entry on 2000 Form 5500? [ ] Yes  [ ] No  [ ]

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.  
   - (a) Prior 9-digit EIN
   - (b) Prior 3-digit PN
   - (c) 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?  
   - (a) Plan effective date
   - (b) Plan adoption date
   - (c) Plan 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? [ ] No  [ ] Yes
   - If yes, give EIN/PN of each disappearing transferor plan and effective date of transfer, and indicate whether it was a merger (M), consolidation (C), or spinoff (S).
     - Transferor’s 9-digit EIN
     - 3-digit PN
     - M M  D D  Y Y Y Y

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:  
     - M M  D D  Y Y Y Y
     - Check here if the plan year beginning date has changed since last filing with PBGC

     (b) This premium is for the plan year ending:  
         - M M  D D  Y Y Y Y

     (c) Adoption date of plan year change:  

---

Continue on page 2
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:
   (e) Plan at Full Funding Limit.

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

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

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

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
   See page 20 of instructions for payment methods. Indicate how you are paying the amount due:
   (a) by check enclosed with this form, or (b) 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
   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:

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.

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.