

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

For Plan Years Beginning in Calendar Year 2003

Check for Amended Filing [] Check for Disaster Relief [] (see instructions) See the 2003 Premium Payment Package for the instructions for Form 1-EZ

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

1. Plan Sponsor and 2. Plan Administrator sections with checkboxes for address change and form requirements, and fields for Name, Address, City, State, and Zip.

3. Employer Identification Number/ Plan Number (EIN/PN) section with fields for 9-digit EIN and 3-digit PN, and checkboxes for matching 2002 Form 5500 entry.

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 18.)

6. Is this the first year's 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, effective date, and transfer type.

8. Enter 6-Digit Business 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: [] 2003 (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 item 3 (a) and (b)

9-digit EIN

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-2003 Plan Year proposed termination date of: MM DD YYYY

(e) Plan at Full Funding Limit.

13. Enter PARTICIPANT COUNT for the plan year specified in item 11 ... 13

14. PREMIUM: Multiply the participant count in item 13 by \$19 ... 14

15. Premium credits (See instructions, page 22.) (a) Amount paid by check or electronic funds transfer with 2003 Form 1-ES (item 8 of Form 1-ES) ... 15(a)

(b) Other credit (including any credit claimed in item 7 of the 2003 Form 1-ES and any short-year credit). (See instructions, page 22.) ... 15(b)

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

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

See page 22 of instructions for payment methods. Indicate how you are paying the amount due: by check enclosed with this form, or by electronic funds transfer.

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

See page 22 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 electronic funds transfer, indicate whether transfer is to a checking account or savings account and enter the bank routing number and account number for the refund and sub-account number (if any)

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 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 MM DD YYYY Date

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

Enrollment Number Signature of Enrolled Actuary MM DD YYYY Date

Print or type first name of individual who signs Print or type last name of individual who signs Telephone Number or E-mail (Optional)

Street Address City State Zip Code