## Annual Premium Payment

**For Plan Years Beginning in Calendar Year 2004**

**Check for Amended Filing**  
**Check for Disaster Relief** *(see instructions)*

See the 2004 Premium Payment Package for the Instructions for Form 1

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

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### 1. Plan Sponsor

- **Check for name/address change**
- **Check if you do not want forms and instructions next year**

<table>
<thead>
<tr>
<th>Name</th>
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<thead>
<tr>
<th>Address</th>
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<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
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### 2. Plan Administrator

- **Check for name/address change**

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<th>Name</th>
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<table>
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<th>City</th>
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### 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 2003 Form 5500?**
  - **Yes**
  - **No**
  - **2003 Form 5500 not required.**

If no, attach explanation, check box in item 18, and enter EIN/PN from 2003 Form 5500:

<table>
<thead>
<tr>
<th>9-digit EIN</th>
<th>3-digit PN</th>
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<tbody>
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### 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**
  - **M M D D Y Y Y Y**

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### 5. Plan Coverage Status (check one)

- **(a) Covered**
- **(b) Uncertain** *(If uncertain, you should file. See instructions, page 27.)*

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### 6. Is this the first year's premium filing for this plan?

- **(a) Plan effective date**
- **(b) Plan adoption date**
- **(c) Plan coverage date**
  - **M M D D Y Y Y Y**
  - **M M D D Y Y Y Y**
  - **M M D D Y Y Y Y**

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### 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? *(See instructions, page 27.)*

- **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).

<table>
<thead>
<tr>
<th>Transferor's 9-digit EIN</th>
<th>3-digit PN</th>
<th>M M D D Y Y Y Y</th>
<th>Transfer Type</th>
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<td>M C S</td>
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<td>M C S</td>
</tr>
</tbody>
</table>

*(If more than 2, attach a separate sheet that lists the additional EIN/PNs, dates, and transfer types, and check the box in item 18.)*

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### 8. Enter 6-digit Business Code:

- **__________**

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### 9. Name of Plan:

- **__________**

*continue on page 2*
10. Name and Phone Number of Plan Contact
   (a) Name: 
   (b) Area Code and Phone Number

11. Plan Type (Check appropriate box to indicate type of plan and type of filing.)
   (a) Multiemployer plan  (b) Single-Employer plan (Includes Multiple Employer plan)

12. (a) This premium is for the plan year beginning: 
   (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: 

13. Enter PARTICIPANT COUNT for the plan year specified in item 12. 
   (See instructions, page 29.)

14. (a) MULTIEMPLOYER premium:
   Multiply item 13 by the $2.60 premium rate and enter amount.
   (b) SINGLE–EMPLOYER flat–rate premium:
   Multiply the participant count in item 13 by $19.
   (c) SINGLE–EMPLOYER variable–rate premium:
   From Schedule A, Item 5.
   (d) SINGLE–EMPLOYER total premium:
   Add items 14(b) and 14(c). Enter amount.

15. Premium credits (See instructions, page 29.)
   (a) Amount paid by check or electronic funds transfer with 2004 Form 1-ES (item 8 of Form 1-ES).
   (b) Other credit (including any credit claimed in item 7 of the 2004 Form 1-ES and any short-year credit). (See instructions, page 29.)
   (c) Total credit: Add items 15(a) and 15(b). Enter amount.

16. Amount due. If the amount in item 14(a) or 14(d) is LARGER than the amount in item 15(c), subtract item 15(c) from item 14(a) or 14(d) and enter the amount due in item 16.
   See page 29 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(a) or 14(d) is SMALLER than the amount in item 15(c), subtract item 14(a) or 14(d) from item 15(c) and enter the overpayment in item 17.
   See page 30 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 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 other than Schedule A, check here:

19. Multiemployer Plan Declaration (NOTE: SINGLE–EMPLOYER Plan Administrators must sign the certification in item 6 of Schedule A.)
   Under penalties of perjury (18 U.S.C. 1001), I declare that I have examined this filing, and to the best of my knowledge and belief it is true, correct and complete.

   Signature of Multiemployer Plan Administrator
   Date

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