



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



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-EZ

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

| | |
|--|---|
| <p>1. Plan Sponsor Check for name/address change <input type="checkbox"/></p> <p>Check if you do not want forms and instructions next year <input type="checkbox"/></p> <p>Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> | <p>2. Plan Administrator Check for name/address change <input type="checkbox"/></p> <p>Check if same as plan sponsor and go to item 3 <input type="checkbox"/></p> <p>Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> |
|--|---|

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: 9-digit EIN 3-digit PN

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

5. Plan Coverage Status (check one) (a) Covered (b) Uncertain (If uncertain, you should file. See instructions, page 20.)

6. Is this the first year's premium filing for this plan? No Yes If yes, enter the following dates.

(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

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 20.) 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 Transfer Type

 M C S

(If more than 1, attach a separate sheet that lists the additional EIN/PNs, dates, and transfer types, and check the box in item 18.)

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: **2004** (b) This premium is for the plan year ending:

M M D D Y Y Y Y M M D D Y Y Y Y

(c) Check here if the plan year beginning date has changed since last filing with PBGC (d) Adoption date of plan year change:

M M D D Y Y Y Y

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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-2004 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 23.)

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

15. Premium credits (See instructions, page 24.)

(a) Amount paid by check or electronic funds transfer with 2004 Form 1-ES (item 8 of Form 1-ES) 15(a)

(b) Other credit (including any credit claimed in item 7 of the 2004 Form 1-ES and any short-year credit). (See instructions, page 24.) 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 24 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 24 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 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 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 for the 2003 plan year; Or, (b) Was issued for the 2003 plan year as required; Or,

(c) An explanation is attached.

M M D D Y Y Y Y
Signature of Single-Employer Plan Administrator Date

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

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.

M M D D Y Y Y Y
Enrollment Number Date
 Signature of Enrolled Actuary

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

Street Address City State Zip Code