			Þ	Instructions
A filing was previously submitt checked or whether the plan ye		wn. Consider whether the "amended ate should be updated.	filing" box should	be
Premium is for plan year commencing:	1/1/2019	Premium is for plan year ending:	12/31/2019	
If the plan year commencement date year, enter the date the plan year ch	_	it recent PBGC filing as a result of a plan an	nendment changing th	e plan
MM/DD/YYYY				
☐ This is an amended filing				
		© Single constants of		· Instructions
Multiemployer plan	ог	 Single-employer pla (Includes Multiple-emplo 		
			*	Instructions
Comprehensive Premium Filing	I			
				Instructions
Proration				
Check box if plan qualifies to pa	y a prorated premium for this	premium payment year.		
Plan size				
For the premium payment year, is the	: plan a "small" plan? 🌘 Yes	s O No		
			Cancel (Continue >

Enter Plan Information

			< Bac	ck Cancel	Continue >
					Instructions
Plan name:	SPECIAL NON-PREMIUI	M TRANSACTIONS			
Plan Effective Date:	1/1/2005				
					Instructions
☐ Check box if plan is a nev	v or newly covered pla	n and provide the follow	ing information:		
Adoption	Date: MM/DD/YYYY				
Date coverage beg	gan on: MM/DD/YYYY				
Is the plan a "continuation plan"?	Yes No				
					Instructions
Previous filing EIN:	12-3456789	Previous filing	g PN:	001	
Current EIN:	12-3456789	Current PN:		001	
Form 5500 EIN and PN Inform		18 Form 5500, enter EIN and	I PN from 2018 Form	5500 and provide	explanation:
	EIN: ex. 11-111111	PN	ex. 111		
	258/258 characters remaining				
	Character Limit 258				
			< Bac	ck Cancel	Continue >

Enter Filing Information

		< Back	Cancel	Continue >
The business code does not appear to b	e valid. Please verify and change the entry	if appropriat	e.	⇒ Instructions
6-digit business code:	5996			
				Instructions
First 6 digits of CUSIP number:	ex. 111111			
				Instructions
Disaster Relief (enter code):	ex. CA-2019-01			
(For Disaster Relief Announcements, click here)				
Is the plan administrator's address in the disast	er area covered by the applicable IRS News Relea	se? Yes	No	
If No, Enter the information below as it relates to	the person affected by the disaster			
Name:				
Role:				
Address 1:				
Address 2:				
City: State	Select a state V Zip:			

Is this plan exempt from the Variable- rate Premium?	✓ No.		Instructions
	Yes, because the plan is a new or newly of other than a continuation plan.	overed small plan	
	Yes, because the plan is undergoing a state with a final distribution during the premium		
	Yes, because the plan is undergoing a statement termination with a proposed termination da		
	Proposed termination date:	MM/DD/YYYY	
	Yes, because the plan has no vested part	cipants.	
	Yes, because the plan is a 412(e)(3)plan.		

< Back

Cancel

Continue >

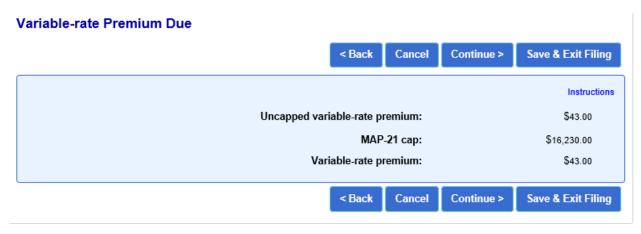
Enter Plan Sponsor and Administrator Information < Back Cancel Continue > Plan Sponsor Information Instructions Name: SPECIAL NON-PREMIUM TRANSACTIONS Plan Administrator Information Instructions Name: tiera Wiegand Country: ~ United States Address: City: State: < select a state > Zip: ex. 11111 or 11111-111 **Contact Person** Name (for "attention" line of mailings): C. HARPER/B. CALLAHAN Phone: Ext: ex. 111111 202-326-4000 E-mail: ex. aa@a.com Alternate phone number for Insured Plans List on pbgc.gov: ex. 111-111-1111 Ext: ex. 111111 Alternative Phone: Additional Plan Contact (optional) Instructions Name: Phone: Ext: ex. 111111 ex. 111-111-1111 E-mail: ex. aa@a.com < Back Cancel Continue >

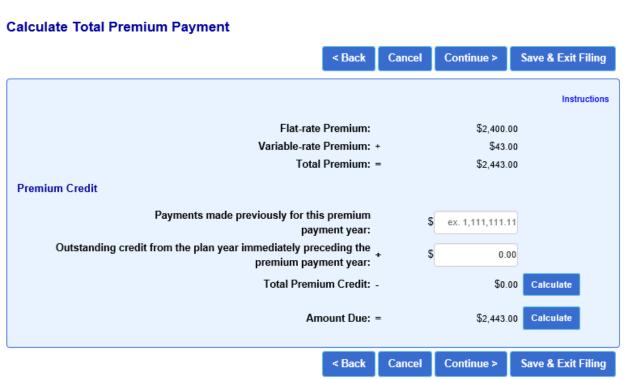
Calculate Premium Due

< Back Cancel Continue > Save & Exit Filing Flat-rate Premium Instructions Participant Count Date: MM/DD/YYYY Single-employer Flat-rate: \$80.00 Participant Count as of Participant Count Date: Active: ex. 1,111,111 Terminated Vested: ex. 1,111,111 Retirees and Beneficiaries: ex. 1,111,111 **Total Participant Count:** Flat-rate Premium: \$0.00 Calculate Variable-rate Premium Alternative Premium Funding Target Election or Revocation Instructions Election - Check box to elect to use the Alternative Premium Funding Target instead of the Standard Premium Funding Target. The election will be effective — and the plan will be required to use the Alternative Premium Funding Target — beginning with this premium payment year and for all subsequent plan years unless and until the election is subsequently revoked. Revocation - Check box to revoke a prior election to use the Alternative Premium Funding Target. The revocation will be effective — and the plan will be required to use the Standard Premium Funding Target — beginning with this premium payment year and for all subsequent plan years unless and until a new election is subsequently made. Note - Elections or Revocations must remain in place for at least five years. Small employer VRP cap qualification Instructions If this plan qualifies for the small employer cap applicable to certain plans of small employers (those with 25 or fewer employees), select one of the following statements: The plan is reporting unfunded vested benefits (UVBs), so that My PAA can determine which is less: the VRP based on UVBs or the maximum VRP. The plan is not reporting UVB information, and instead, will pay the maximum VRP without regard to whether the VRP would be lower if the exact calculation was done. < Back Cancel Continue > Save & Exit Filing

Calculate Variable-rate Premium

			< B	ack Ca	incel	Continue >	Save & Exit Filing
Assumptions and I	methods used	to determine pro	emium funding	arget			Instructions
Premium funding ta	rget method:	O Standard • Al	ternative				
UVB valuation date:	12/31/2018						
Discount rates							
O Segment rates		•	N/A, full yield curv	e used			
1st segment:	ex. 1.11	%					
2nd segment:	ex. 1.11	%					
3rd segment:	ex. 1.11	%					
Premium funding t		/B valuation date					Instructions
	Attributable to	active participants:	\$ 1,000				
Attributa	ble to terminated	vested participants:	\$ ex. 1,111				
Attributable t	o retirees and be	neficiaries receiving payment:	\$ ex. 1,111				
	Total premiur	n funding target:	\$1,000	Calculate	;		
Market value of a	assets as of U	/B valuation state:	ex. 1,111				
	Unfunded Ves ounded to the		\$1,000	Calculate			
			< B	ack Ca	incel	Continue >	Save & Exit Filing





Report Miscellaneous Information

Limit 4,000

	Instruction
Final Filing	⇒ Clear information
If this is the last filing for this plan, enter the	e date of event and select the reason that best describes why filing obligation is ceasing:
MM/DD/YYYY	
O Merger/Consolidation	O Distribution pursuant to termination
O Trusteeship	Cessation of covered status
Explanation for Cessation of covered status	s
4000/4000 characters remaining	
Limit 4,000	
Participation Freeze	
If, as of the beginning of the premium paymentrants: MM/DD/YYYY	nent year, this plan is closed to new entrants, enter the date the plan became closed to new
Accrual Freeze	:- Clear information
f, as of the beginning of the premium paym became effective and select the reason tha	nent year, benefit accruals under this plan are partially or totally frozen, enter the date the freeze
MM/DD/YYYY	
O For all participants, both pay and servi	ce are frozen
O For some participants, both pay and se	ervice are frozen
O For all participants, service is frozen, p	ay is not
O For some participants, service is frozer	n, pay is not
Other (enter explanation)	

4000/4000 characters remaining	

< Back Cancel

Continue >

Save & Exit Filing

isk Transfer Activity		
o not complete this item if th	s is the last filing for this plan	
	plan provided one or more lump sum windows d t a lump sum under all such windows and the nu	uring the prior premium payment year, report the number of participants who elected a lump sum:
(1) Participants not in pay	status when lump sum was offered:	
	Eligible to elect lump sum	Elected lump sum
(2) Participants in pay sta	tus when lump sum was offered:	
	Eligible to elect lump sum	Elected lump sum
		ts during the prior premium payment year, report the nu
participants for whom an a	nnuity was purchased:	
(1) Participants not in pay	status when annuity was purchased:	
	tus when annuity was purchased:	

Report Transfers From Other Plans

Clear all rows				
EIN ex. 11-1111111)	PN (ex. 111)	Date of transfer (ex. MM/DD/YYYY)	Type of transfer	
			○ Merger ○ Consolidation ○ Spinoff ○ Other	⇒ Clear
			○ Merger ○ Consolidation ○ Spinoff ○ Other	⇒ Clear
			○ Merger ○ Consolidation ○ Spinoff ○ Other	⇒ Clear
			○ Merger ○ Consolidation ○ Spinoff ○ Other	⇒ Clear
			○ Merger ○ Consolidation ○ Spinoff ○ Other	⇒ Clear

< Back Cancel Continue > Save & Exit Filing

Report Transfers To Other Plans

Transfers to other plans — If this plan transferred assets or liabilities to another plan since the most recent comprehensive premium filling, provide the following information with respect to each plan to which the assets or liabilities were transferred (if transfer involved a new or newly-covered plan, see instructions). > Clear all rows Date PN of Transfer Type of transfer (ex. 11-1111111) (ex. 111) (ex. MM/DD/YYYY) ○ Merger ○ Consolidation ○ Spinoff ○ Other ⇒ Clear ○ Merger ○ Consolidation ○ Spinoff ○ Other > Clear ○ Merger ○ Consolidation ○ Spinoff ○ Other > Clear ⇒ Clear ○ Merger ○ Consolidation ○ Spinoff ○ Other O Merger ○ Consolidation ○ Spinoff ○ Other > Clear > Add more rows Save & Exit Filing < Back Cancel Continue >

< Back

Cancel

Continue >

Save & Exit Filing