### 1. Plan Sponsor

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

### 2. Plan Administrator

- **Check for address change**
- **Check if same as plan sponsor and go to Item 3**

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

### 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 1997 Form 5500?**
   - Yes
   - No
   - If no, attach explanation, check box in item 19(a), and enter EIN/PN from 1997 Form 5500:
     - 9-digit EIN
     - 3-digit PN

### 4. If the EIN/PN in Item 3 (a) and (b) above is NOT 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 11.

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

- **No**
- **Yes**
   - If yes, enter the following dates.
     - **Plan effective date**
       - M M D D Y Y Y Y
     - **Plan adoption date**
       - M M D D Y Y Y Y
     - **Plan coverage date**
       - 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 12.)

- **No**
- **Yes**

If yes, give EIN/PN of each disappearing transferor plan and 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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>M C S</td>
<td></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 19.)

### 8. Industry Code

(enter 4 digits)

### 9. Name of Plan:

Continue on page 2

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**Guaranty Corporation For Plan Years Beginning in Calendar Year 1998**

Approved OMB 1212-0009

Photocopies of this form may not be filed.
### 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)

<p>| | | | | |</p>
<table>
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</thead>
<tbody>
<tr>
<td>M</td>
<td>M</td>
<td>D</td>
<td>D</td>
<td>Y</td>
</tr>
</tbody>
</table>

This premium is for the plan year ending: ____________________________

Check here if the plan year beginning date has changed since last filing with PBGC: [ ]

Adoption date of plan year change: ____________________________

### 12. Plan Year Information

<p>| | | | | |</p>
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</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>M</td>
<td>D</td>
<td>D</td>
<td>Y</td>
</tr>
</tbody>
</table>

This premium is for the plan year beginning: ____________________________

### 13. Participant Count

(a) Enter PARTICIPANT COUNT for the plan year specified in Item 12: ____________________________

(b) If this count does not equal the count on your 1997 Form 5500, enter the count from your 1997 Form 5500: ____________________________

### 14. Premium Calculation

- **MULTIEMPLOYER plans:**
  - Multiply line 13(a) by the $2.60 premium rate and enter amount: ____________________________

- **SINGLE-EMPLOYER plans:**
  - Flat rate premium: Multiply the participant count on line 13(a) by $19: ____________________________
  - Variable rate premium: From Schedule A, line 5: ____________________________

### 15. Credit Calculation

- Total Premium: Add lines 15(a) and 15(b). Enter amount: ____________________________

### 16. Payment Information

- Premium credits (See instructions, page 14):
  - Amount paid by check or wire transfer with 1998 Form 1–ES (line 8 of Form 1–ES): ____________________________
  - Other credit (including any credit claimed on line 7 of the 1998 Form 1–ES): ____________________________

- Total Credit: Add lines 16(a) and 16(b). Enter amount: ____________________________

### 17. Amount Due

Amount due. If amount on line 14 or 15(c) is LARGER than amount on line 16(c), subtract line 16(c) from line 14 or 15(c) and enter amount due on line 17: ____________________________

### 18. Overpayment

Overpayment. If amount on line 14 or 15(c) is SMALLER than amount on line 16(c), subtract line 14 or 15(c) from line 16(c) and enter overpayment on line 18: ____________________________

### 19. Payment Method

- by check enclosed with this form: [ ]
- by wire transfer: [ ]

See page 15 of instructions for payment methods. Indicate how you are paying the amount due:

- bank routing number: ____________________________
- bank account number: ____________________________
- Put EIN/PN (item 3(a) and (b)) and date premium year commenced (PYC) on each.

### 20. Certification

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: ____________________________