

Sample Do Not Use

Annual Premium Payment

For Plan Years Beginning in Calendar Year 1999

Check for Amended Filing Check for Disaster Relief (see instructions)
See the 1999 Premium Payment Package for the instructions for Form 1

Photocopies of this form may not be filed.

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

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 1998 Form 5500? Yes No If no, attach explanation, check box in item 19, and enter EIN/PN from 1998 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 11.)

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

(a) Plan effective date M M D D Y Y Y Y (b) Plan adoption date M M D D Y Y Y Y (c) 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 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		
<input type="text"/>	<input type="text"/>	<input type="text"/>	M <input type="checkbox"/>	C <input type="checkbox"/>	S <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	M <input type="checkbox"/>	C <input type="checkbox"/>	S <input type="checkbox"/>

(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:

Sample Do Not Use

1999 PBGC Form 1

9-digit EIN

3-digit PN

Page 2



412752

EIN/PN from Form 1 line 3 (a) and (b)

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:

M M D D Y Y Y Y

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

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

13. (a) Enter PARTICIPANT COUNT for the plan year specified in Item 12 13(a)

(b) If this count does not equal the count on your 1998 Form 5500, enter the count from your 1998 Form 5500 13(b)

14. MULTIEMPLOYER plans:

Multiply line 13(a) by the \$2.60 premium rate and enter amount 14

15. SINGLE-EMPLOYER plans: Compute your premium as indicated below:

(a) Flat rate premium: Multiply the participant count on line 13(a) by \$19 15(a)

(b) Variable rate premium: From Schedule A, line 5 15(b)

(c) Total premium: Add lines 15(a) and 15(b). Enter amount 15(c)

16. Premium credits (See instructions, page 15)

(a) Amount paid by check or wire transfer with 1999 Form 1-ES (line 8 of Form 1-ES) 16(a)

(b) Other credit (including any credit claimed on line 7 of the 1999 Form 1-ES). (See instructions, page 15) 16(b)

(c) Total credit: Add lines 16(a) and 16(b). Enter amount 16(c)

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

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

by check enclosed with this form, or by wire transfer.

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

See page 15 of instructions for application of overpayments. An amount of overpayment not otherwise applied may be refunded (by wire transfer only) or credited against the plan's next premium filing. If you want a refund, enter the

bank routing number and bank account number for the refund

19. If you have attachments other than Schedule A, check here: Put EIN/PN (item 3(a) and (b)) and date premium payment year commenced (PYC) on each.

20. Multiemployer Plan Declaration (NOTE: All 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

M M D D Y Y Y Y

Sample Do Not Use

Print or type first name of individual who signs

Print or type last name of individual who signs