

U.S. Department of Justice

United States Trustees Central District of California

411 W. Fourth St Suite 9041 Santa Ana, CA 92701 (714) 338-3400 FAX (714) 338-3421	725 South Figueroa St. Suite 2600 Los Angeles, CA 90017 (213) 894-6811 FAX (213) 894-2603	3685 Main St. Suite 300 Riverside, CA 92501 (909) 276-6990 FAX (909) 276-6973	21051 Warner Center Lane Suite 115 Woodland Hills, CA 91367 (818) 716-8800 FAX (818) 716-1576
Debtor:		Bankruptcy Case #	‡
EIN:	Employer maintains a	group health	pension plan
Is this a public corporation?	Yes	☐ No	
1. If the debtor sponsors a	group health or dental plan,	complete the inform	nation below. Yes If No, go to #2.
Premiums paid through Are the premium payments cu Benefits paid from Name, address and telephone	employee cont	ributions	employer contributions No general assets of the company
401(k) Plan Money Purchase Plan	pension plan, complete the in Profit Sharing Pla Employee Stoonumber of responsible officer:	n ck Ownership Plan	Yes If No, go to #3. Defined Benefit Plan
Does the employee make cont	tributions to the Plan?		Yes No
	ons been forwarded to the trust	fund?	Yes No
If the debtor maintains a defin	ned benefit or money purchase j	plan, are they fully fu	unded?
	owners or board members of the name, address and title for ea		y distributions form the plan within the last
	wners or board members receivess and title for each individual		the plan that are not participant loans? If so,
Has the debtor company rece the loan.	ived any loans from the plan?	If so, please state th	ne approximate date, amount and purpose of
3. I declare under penalty best of my knowledge.	of perjury that the answers c	ontained in the fore	egoing question are true and correct to the
Dated		By:	