**1. Plan Sponsor**

Check for name/address change

Check if you do not want paper instructions next year

**2. Plan Administrator**

Check for name/address change

Check if same as plan sponsor and go to Item 3

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**3. Employer Identification Number/Plan Number (EIN/PN), Electronic Filing**

(a) Enter 9-digit EIN (b) Enter 3-digit PN

(c) Does EIN/PN match entry on 2006 Form 5500? Yes No

If no, attach explanation, check box in item 19, and enter EIN/PN from 2006 Form 5500:

(d) Did PBGC grant the plan an exemption from required electronic filing for this premium filing? Yes No

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**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

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**5. Plan Coverage Status (check one)**

(a) Covered (b) Uncertain (If uncertain, you should file. See instructions, page 20.)

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**6. Is this the first year's premium filing for this plan?**

(a) No (b) Yes

If yes, enter the following dates.

(a) Plan effective date (b) Plan adoption date (c) Plan coverage date

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**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.)

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

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**8. Business Code and CUSIP number**

(a) Enter 6-digit Business Code: (b) Enter first 6 digits of CUSIP number:

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**9. Name of Plan:**

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**10. Name and Phone Number of Plan Contact**

(a) Name: (b) Area Code and Phone Number

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**11. (a) This premium is for the plan year beginning:**

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

(c) Check here if the plan year beginning date has changed since last filing with PBGC

(d) Adoption date of plan year change:

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Continue on page 2
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 proposed termination date (on or before the snapshot date) of:
   
   (e) ☐ Plan at Full Funding Limit.

13. Enter PARTICIPANT COUNT for the plan year specified in item 11. .................................................. 13

14. PREMIUM: Multiply the participant count in item 13 by $31 .................................................. 14

15. Premium credits (See instructions, page 24.)
   (a) Amount paid with 2007 estimated filing .................................................. 15(a)
   (b) Other credit (including any credit claimed in the 2007 estimated filing 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

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

18. Participant Notice Requirement
   For the 2006 plan year, a Participant Notice under ERISA section 4011 and 29 CFR Part 4011:
   (1) ☐ Was not required to be issued; or  (2) ☐ Was issued on time and in accordance with all other applicable requirements; or
   (3) ☐ An explanation is attached.

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

20. Certification of Plan Administrator. I certify under penalty of perjury, to the best of my knowledge and belief, that all the information in this filing is true, correct, and complete and has been determined in accordance with PBGC’s premium regulations and instructions.

21. Certification of Enrolled Actuary. An Enrolled Actuary must sign and complete the certification below if box 12 (c) or 12 (e) is checked.

I certify under penalty of perjury, to the best of my knowledge and belief, that the variable-rate premium information in this filing (i.e., that the plan qualifies for the claimed exemption from the variable rate premium) is true, correct, and complete and has been determined in accordance with PBGC’s premium regulations and instructions.