

2007 Instructions for Final Premiums

PBGC Form 1 Pension Benefit Guaranty Corporation 20067



Annual Premium Payment For Plan Years Beginning in Calendar Year 20067



Approved OMB 1212-0009 PB0646 991506

Check for Amended Filing Check for Disaster Relief (see instructions) See the 2006 Premium Payment Package for the instructions for Form 1

Photocopies and downloaded forms may be filed (see instructions).

1. Plan Sponsor and 2. Plan Administrator sections with fields for Name, Address Line 1, Address Line 2, City, State, and Zip.

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

Fields for (a) Enter 9-digit EIN, (b) Enter 3-digit PN, and checkboxes for (c) Does EIN/PN match entry on 2006 Form 5500?

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.

Fields for (a) Prior 9-digit EIN, (b) Prior 3-digit PN, and (c) Effective Date of Change (MM DD YYYY).

5. Plan Coverage Status (check one) (a) Covered (b) Uncertain (If uncertain, you should file. See instructions, page 28.)

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

Fields for (a) Plan effective date, (b) Plan adoption date, and (c) Plan coverage date (MM DD YYYY).

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 29.)

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).

Table with columns for Transferor's 9-digit EIN, 3-digit PN, Effective Date (MM DD YYYY), and Transfer Type (M, C, S).

(If more than 2, attach a separate sheet that lists the additional EIN/PNs, dates, and transfer types, and check the box in item 18.)

8. Business Code and CUSIP number

Fields for (a) Enter 6-digit Business Code and (b) Enter first 6 digits of CUSIP number.

9. Name of Plan:

Text box for Name of Plan.

continues on page 2





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EIN/PN from item 3 (a) and (b)

9-digit EIN

3-digit PN

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:

MM DD YYYY 2008

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

MM DD YYYY

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

(d) Adoption date of plan year change:

MM DD YYYY

13. Enter PARTICIPANT COUNT for the plan year specified in item 12.

(See instructions, page 30.)

13 []

14. (a) MULTIEMPLOYER premium:

Multiply item 13 by the \$6 premium rate and enter amount 14(a) []

(b) SINGLE-EMPLOYER flat-rate premium:

Multiply the participant count in item 13 by \$31 14(b) []

(c) SINGLE-EMPLOYER variable-rate premium:

From Schedule A, item 6 14(c) []

(d) SINGLE-EMPLOYER total premium:

Add items 14(b) and 14(c). Enter amount. 14(d) []

15. Premium credits (See instructions, page 31.)

(a) Amount paid with 2008 estimated filing 15(a) []

(b) Other credit (including any credit claimed in the 2008 estimated filing and any short-year credit). (See instructions, page 31.) 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(a) or 14(d) is LARGER than the amount in item 15(c),

subtract item 15(c) from item 14(a) or 14(d) and enter the amount due in item 16 16 []

See page 31 of instructions for payment methods. Indicate how you are paying the amount due:

by check enclosed with this form, or by electronic payment.

17. Overpayment. If the amount in item 14(a) or 14(d) is SMALLER than the amount in item 15(c),

subtract item 14(a) or 14(d) from item 15(c) and enter the overpayment in item 17 17 []

An amount of overpayment may be refunded or credited against the plan's next premium filing.

If you want to take a credit, check here: If you want a refund, check here:

For a refund by electronic funds transfer, indicate whether transfer is to a checking account or savings account and

enter the bank routing number [] and account number [] for the refund [] and sub-account number (if any) []

18. 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 sheet.

19. Multiemployer Plan Declaration (NOTE: SINGLE-EMPLOYER Plan Administrators must sign the certification in item 8 of Schedule A.)

I certify under penalty of perjury, that 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.

[]

Signature of Multiemployer Plan Administrator

MM DD YYYY []

Date

[]

Print or type first name of individual who signs Print or type last name of individual who signs

[]

Business E-mail Address (Optional)

