

2007 Instructions for Final Premiums

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Annual Premium Payment for
Single Employer Plans Exempt
from the Variable Rate Premium



Approved OMB 1212-0009
PB0647 993606

For Plan Years Beginning in Calendar Year 2007
Check for Amended Filing Check for Disaster Relief (see instructions)
See the 2006 Premium Payment Package for the instructions for Form 1-EZ

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

1. Plan Sponsor Check for name/address change <input type="checkbox"/> Check if you do not want paper instructions next year <input type="checkbox"/>		2. Plan Administrator Check for name/address change <input type="checkbox"/> Check if same as plan sponsor and go to item 3 <input type="checkbox"/>	
Name		Name	
Address Line 1		Address Line 1	
Address Line 2		Address Line 2	
City	State	Zip	City
3. Employer Identification Number/Plan Number (EIN/PN), Electronic Filing		(b) Enter 3-digit PN <input type="text"/>	
(a) Enter 9-digit EIN <input type="text"/>		(c) Does EIN/PN match entry on 2006 Form 5500? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 2006 Form 5500 not required.	
If no, attach explanation, check box in item 19, and enter EIN/PN from 2006 Form 5500: 9-digit EIN <input type="text"/> 3-digit PN <input type="text"/>			
(d) If the plan had 500 or more participants for the prior plan year and this form is filed after electronic filing is mandatory, did PBGC grant the plan an exemption from required electronic filing for this premium filing? <input type="checkbox"/> Yes <input type="checkbox"/> No, attach explanation and check box in item 19.			
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 <input type="text"/>	(b) Prior 3-digit PN <input type="text"/>	(c) Effective Date of Change M M D D Y Y Y Y <input type="text"/>	
5. Plan Coverage Status (check one) (a) <input type="checkbox"/> Covered (b) <input type="checkbox"/> Uncertain (If uncertain, you should file. See instructions, page 20.)			
6. Is this the first year's premium filing for this plan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, enter the following dates.			
(a) Plan effective date M M D D Y Y Y Y <input type="text"/>	(b) Plan adoption date M M D D Y Y Y Y <input type="text"/>	(c) Plan coverage date M M D D Y Y Y Y <input type="text"/>	
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 <input type="checkbox"/> No <input type="checkbox"/> Yes plan since the most recent premium filing? (See instructions, page 21.) 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 <input type="text"/>	3-digit PN <input type="text"/>	M M D D Y Y Y Y <input type="text"/>	Transfer Type M <input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/>
(If more than 1, attach a separate sheet that lists the additional EIN/PNs, dates, and transfer types, and check the box in item 19.)			
8. Business Code and CUSIP number			
(a) Enter 6-digit Business Code: <input type="text"/>	(b) Enter first 6 digits of CUSIP number: <input type="text"/>		
9. Name of Plan: <input type="text"/>			
10. Name and Phone Number of Plan Contact			
(a) Name: <input type="text"/>	(b) Area Code and Phone Number <input type="text"/>		
11. (a) This premium is for the plan year beginning: M M D D Y Y Y Y <input type="text"/>		(b) This premium is for the plan year ending: M M D D Y Y Y Y <input type="text"/>	
(c) <input type="checkbox"/> 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 <input type="text"/>	

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

9-digit EIN

3-digit PN

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: MM DD YYYY

(e) Plan at Full Funding Limit.

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

(See instructions, page 24.)

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

15. Premium credits (See instructions, page 24.)

(a) Amount paid with 2006 estimated filing 15(a)

(b) Other credit (including any credit claimed in the 2006 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

See page 25 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 is SMALLER than the amount in item 15(c), subtract item 14 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. 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 that to the best of my knowledge and belief, this Form 1-EZ (including attachments) is true, correct, and complete and has been determined in accordance with PBGC's premium regulations and instructions.

Signature of Single-Employer Plan Administrator

Date MM DD YYYY

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

Business E-mail Address (Optional)

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 that to the best of my knowledge and belief, the plan qualifies for the exemption checked in item 12.

Enrollment Number

Signature of Enrolled Actuary

Date MM DD YYYY

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

Telephone Number or E-mail (Optional)

Street Address

City State Zip Code

from the variable-rate premium) is true, correct, and complete and has been determined in accordance with PBGC's premium regulations and instructions.

that all the information in this filing

that the variable-rate premium information in this filing (i.e., that

claimed