

Check for Amended Filing Check for Disaster Relief (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 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	State	Zip

3. Employer Identification Number/Plan Number (EIN/PN), Electronic Filing
 (a) Enter 9-digit EIN (b) Enter 3-digit PN

(c) 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? 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). (See definitions, page 6-2.)

Transferor's 9-digit EIN	3-digit PN	MM	DD	YYYY	Transfer Type
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	M C S

(If more than 1, attach a separate sheet that lists the additional EIN/PNs, dates, and transfer types.)

(d) If this form is filed after electronic filing is mandatory, did PBGC grant the plan an exemption from required electronic filing? Yes No, attach explanation
for this premium filing

4. If EIN and PN in item 3 (a) and (b) above are NOT BOTH the same as on 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
 MM DD YYYY

5. Plan Information

(a) Plan Name

(b) Plan Year Beginning MM DD YYYY 2008 7 (c) Plan Year Ending MM DD YYYY

6. Estimated premium for this plan Estimated Participant Count

(a) Single-Employer	\$31.00	X	<input type="text"/>	=	\$ <input type="text"/>
(b) Multiemployer	\$ 8.00	X	<input type="text"/>	=	\$ <input type="text"/>

including *and estimated short-year*

7. Premium credit balance (overpayment) from previous years or other credit

(including estimated short-year credit) (See instructions, pages 9-10.) \$

8. Amount Due

(a) Enter premium payment due (item 6 minus item 7) and submit payment to PBGC. \$

(b) Payment method (Check appropriate box to indicate the method for payment to PBGC.)
 Check enclosed with this form Electronic Payment (see instructions)

this filing (other than the estimated participant count and estimated premium) I certify under penalty of perjury, that to the best of my knowledge and belief, that all the information in items 1-6 and 7 of this form is true, correct, and complete, and has been determined in accordance with PBGC's premium regulations and instructions.

MM DD YYYY

Signature of Plan Administrator Date Telephone Number (include Area Code)

Print or type first name of individual who signs Print or type last name of individual who signs Business E-mail Address (Optional)