

**GENERAL PLAN INFORMATION** 

## NOTICE OF FAILURE TO MAKE REQUIRED CONTRIBUTIONS

PBGC Form 200 OMB Control No. 1212-0041 Expires 05/31/2027

This form is for <u>illustrative purposes only</u>. Form 200 information should be submitted to PBGC using the e-filing portal: efilingportal.pbgc.gov. For questions regarding this form, contact (202) 229-4070 or form200@pbgc.gov.

Name of Plan		Plan year commencement of	date	
EIN of contributing sponsor / Plan number		EIN/PN used in previous filings, if different		
Plan Administrator:		Contributing Sponso	r:	
Name of Plan Administrator		Name of Contributing Sponsor		
Street address of Plan Administrator		Street address of Contributing Sponsor		
City, State, Zip		City, State, Zip		
Telephone number Ext.  Individual to Contact:	(Q)	Telephone number	Ext.	
Name of contact		Street address of contact		
Title of contact		City, State,Zip		
Email of contact		Telephone number	Ext.	
PLAN FUNDING INFORMATION		balance of required		
Due date of required payment that resulted in requirement to notify PBGC	payments (including interest)  Amount of required payment that resulted in requirement to notify PBGC			

## **EXPLANATION**

Describe the required payment that resulted in the requirement to notify PBGC and state how the total unpaid balance of required payments (including interest) was determined. (See Appendix instructions for details) Attach additional pages if necessary.

ADDITIONAL INFORMATION TO BE FILED Check b	pox to indicate the item is attached. If not attached, explain below.	
For each controlled group member:	Reason contribution was not made by due date	
Name, address, telephone number and EIN of each controlled group member	Copy of any IRS letter(s) granting or modifying a funding	
Name, address, telephone number and EIN of the ultimate	waiver and/or extension of the amortization period  Statement describing any pending request(s) for a funding	
parent of the controlled group	waiver and/or extension of the amortization period	
Name, address, telephone number and EIN of each contributing sponsor of the plan	Actuarial Information (see Form 200 instructions)	
Location of all real property owned by each member of the	Copies of financial statements for the most recent three	
controlled group  Name and address of the controlled group's principal executive offices	fiscal years available, and the most recent available interim financial statement, for each member of the plan's controlled group, including the contributing sponsor and	
Operational status of each controlled group member (in Chapter 7 proceedings, liquidating outside of bankruptcy, in Chapter 11 proceedings, on-going, etc.)	the ultimate parent	
MISSING INFORMATION If required information has no	ot been submitted with this Form 200, explain below.	
FILING INFORMATION		
Notice Due Date	Notice Filing Date (if late, explain below)	
REASON FOR LATE FILING		
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## **ENROLLED ACTUARY CERTIFICATION**

Signature

correct, and complete and conforms to all applicable laws and regulations. In making this certification, I recognize that knowingly and willfully making false, fictitious, or fraudulent statements to PBGC is punishable under 18 U.S.C. §1001. Name Street address **Enrollment number** City, State, Zip Company/Firm Telephone number Signature Filing Date CONTRIBUTING SPONSOR OR PARENT CERTIFICATION I certify that, to the best of my knowledge and belief, the information provided in this Form 200 is true, correct, and complete, and conforms to all applicable laws and regulations. In making this certification, I recognize that knowingly and willfully making false, fictitious, or fraudulent statements to PBGC is punishable under 18 U.S.C. §1001. Name and Title Street address Name of contributing sponsor or parent City, State, Zip

Filing Date

I certify that, to the best of my knowledge and belief, the Plan Funding Information and related explanation above is true,