

2520032543699

**STATEMENT AS TO PENSION PLANS FOR MANAGEMENT OR
HIGHLY COMPENSATED EMPLOYEES**

(Pursuant to 29 CFR §2520.104-23)

1. Name and address of employer:

Owens-Illinois, Inc.
One SeaGate
Toledo, Ohio 43666

2. Employer identification number:

22-2781933

3. Plans:

Owens-Illinois, Inc. maintains or has maintained the seven plans listed below for the purpose of providing deferred compensation for a select group of management or highly compensated employees. The number of employees participating in each plan is indicated in parentheses following the name of each plan, together with the period of time during which the plan is or was in effect.

Pre-1989 Owens-Illinois, Inc. Excess Benefit Plan (29 participants at September 30, 1991; effective January 1, 1975; terminated October 1, 1991);

Pre-1989 Owens-Illinois, Inc. Supplemental Benefit Plan (17 participants at September 30, 1991; effective January 1, 1975; terminated October 1, 1991);

Pre-1989 Owens-Illinois, Inc. Senior Management Incentive Plan (21 participants at November 30, 1990; effective January 1, 1983; terminated December 1, 1990);

Owens-Illinois, Inc. Excess Benefit Plan (71 participants at September 30, 1991; effective January 1, 1989; terminated October 1, 1991);

Owens-Illinois, Inc. Supplemental Benefit Plan (8 participants at September 30, 1991; effective January 1, 1989; terminated October 1, 1991);

Owens-Illinois, Inc. Senior Management Incentive Plan (17 participants at September 30, 1991; effective January 1, 1989; amended to eliminate deferred compensation features October 1, 1991); and

Owens-Illinois Supplemental Retirement Benefit Plan
(172 participants at September 1, 1992; effective
October 1, 1991).

4. Signature:

OWENS-ILLINOIS, INC.

By Thomas L. Young
Thomas L. Young,
Vice President

Dated: September 9th, 1992



Thomas L. Young
Vice President, General Counsel
and General Manager - Operations
Administration

September 4, 1992

Pension and Welfare Benefits Administration
P.O. Box 75212
Washington, DC 20013-5212

Ladies and Gentlemen:

Enclosed on behalf of Owens-Illinois, Inc. is the Statement as to Pension Plans for Management or Highly Compensated Employees, filed pursuant to 29 CFR §2520.104-23 and to your notice published at 57 Federal Register 33019 (July 24, 1992). Also enclosed, pursuant to the July 24 notice, is Owens-Illinois' check in the amount of \$1,000 payable to the U.S. Department of Labor.

Very truly yours,

OWENS-ILLINOIS, INC.

Thomas L. Young,
Vice President and General Counsel

Enclosure

**CERTIFIED MAIL,
RETURN RECEIPT REQUESTED**

2354



938-036

~~REGISTERED MAIL~~

CERTIFIED

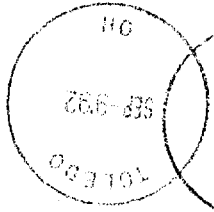
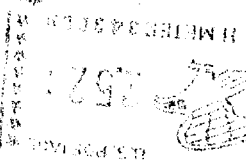


and Welfare Benefits
Administration
75212
Washington, DC 20013-5212



Rate No 43666

ILLINOIS



BC CHECK NUMBER 001733 001733



Toledo, OH 43666

BANK CODE SP

CHECK DATE
9/09/92

UNIT
01

VENDOR #
9999999

VOUCHER #

REQUESTOR
JAMIE
1363

NET AMOUNT
\$1,000.00

ACCOUNT DISTRIBUTION

PAYMENT EXPLANATION

AMOUNT

0288138

\$1,000.00

END VIAC

PLEASE DETACH THIS REMITTANCE STATEMENT

2354

