

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2010</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>10/01/2010</u> and ending <u>09/30/2011</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☒ the first return/report; ☐ the final return/report; ☒ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information	
1a Name of plan	<u>GENERAL MOTORS PERSONAL RETIREMENT PLAN FOR HOURLY-RATE EMPLOYEES IN THE UNITED STATES</u>	1b Three-digit plan number (PN) ▶ <u>015</u>
		1c Effective date of plan <u>10/01/2010</u>
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)		2b Employer Identification Number (EIN) <u>27-0383222</u>
		2c Sponsor's telephone number <u>313-665-4085</u>
		2d Business code (see instructions) <u>336100</u>
<u>300 RENAISSANCE CENTER</u> <u>MC 482-C16-D25</u> <u>DETROIT, MI 48265-3000</u>	<u>300 RENAISSANCE CENTER</u> <u>MC 482-C16-D25</u> <u>DETROIT, MI 48265-3000</u>	

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	12/21/2012	KEVIN COBB
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") GENERAL MOTORS LLC 300 RENAISSANCE CENTER MC 482-C16-D25 DETROIT, MI 48265-3000	3b Administrator's EIN 27-0383222 3c Administrator's telephone number 313-665-4085
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	0
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	5651
b Retired or separated participants receiving benefits.....	6b	14
c Other retired or separated participants entitled to future benefits.....	6c	2588
d Subtotal. Add lines 6a , 6b , and 6c	6d	8253
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	14
f Total. Add lines 6d and 6e	6f	8267
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	46

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A 1C 1G

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
(2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☒ **H** (Financial Information)
(2) ☐ **I** (Financial Information – Small Plan)
(3) ☐ **A** (Insurance Information)
(4) ☒ **C** (Service Provider Information)
(5) ☒ **D** (DFE/Participating Plan Information)
(6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 10/01/2010 and ending 09/30/2011

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>GENERAL MOTORS PERSONAL RETIREMENT PLAN FOR HOURLY-RATE EMPLOYEES IN THE UNITED STATES</u>	B Three-digit plan number (PN) ▶ <u>015</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>GENERAL MOTORS LLC</u>	D Employer Identification Number (EIN) <u>27-0383222</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2010</u>	
2 Assets:	
a Market value	2a <u>20588000</u>
b Actuarial value	2b <u>20588000</u>
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>0</u> <u>0</u>
b For terminated vested participants	3b <u>72</u> <u>386000</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>4652000</u>
(2) Vested benefits	3c(2) <u>7137000</u>
(3) Total active	3c(3) <u>7201</u> <u>11789000</u>
d Total	3d <u>7273</u> <u>12175000</u>
4 If the plan is at-risk, check the box and complete items (a) and (b)	☐
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>6.54</u> %
6 Target normal cost	6 <u>9088000</u>

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	<u>07/06/2012</u>
Signature of actuary	Date
<u>MARY GIBBON</u>	<u>11-06921</u>
Type or print name of actuary	Most recent enrollment number
<u>TOWERS WATSON</u>	<u>703-258-8163</u>
Firm name	Telephone number (including area code)
<u>901 NORTH GLEBE ROAD</u> <u>ARLINGTON, VA 22203-1808</u>	
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2010
v.092308.1

Part II	Beginning of year carryover and prefunding balances	(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8).....	0	0
10	Interest on item 9 using prior year's actual return of _____ %		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		
b	Interest on (a) using prior year's effective rate of <u>0.00</u> %		
c	Total available at beginning of current plan year to add to prefunding balance		
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	0	
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	0	0

Part III	Funding percentages		
14	Funding target attainment percentage.....	14	169.10 %
15	Adjusted funding target attainment percentage.....	15	169.10 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV	Contributions and liquidity shortfalls	
18 Contributions made to the plan for the plan year by employer(s) and employees:		
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/13/2011	1500000	
04/14/2011	1500000	
06/15/2012	7000000	
Totals ►		18(b)
		10000000
		18(c)

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	9205829

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: 4.16 %	2nd segment: 6.52 %	3rd segment: 6.68 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	675000
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	675000
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	675000
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	9205829
38 Interest-adjusted excess contributions for current year (see instructions).....	38	8530829
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.		OMB No. 1210-0110
			2010
			This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning **10/01/2010** and ending **09/30/2011**

A Name of plan GENERAL MOTORS PERSONAL RETIREMENT PLAN FOR HOURLY-RATE EMPLOYEES IN THE UNITED STATES	B Three-digit plan number (PN) ► 015
C Plan sponsor's name as shown on line 2a of Form 5500 GENERAL MOTORS LLC	D Employer Identification Number (EIN) 27-0383222

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation THE VANGUARD GROUP 23-1945930
(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

KIRKLAND & ELLIS

36-1326630

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	10833	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III	Termination Information on Accountants and Enrolled Actuaries (see instructions) (complete as many entries as needed)
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a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone:

Explanation:

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2010 This Form is Open to Public Inspection
For calendar plan year 2010 or fiscal plan year beginning <u>10/01/2010</u> and ending <u>09/30/2011</u>		
A Name of plan <u>GENERAL MOTORS PERSONAL RETIREMENT PLAN FOR HOURLY-RATE EMPLOYEES IN THE UNITED STATES</u>		B Three-digit plan number (PN) <u>015</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GENERAL MOTORS LLC</u>		D Employer Identification Number (EIN) <u>27-0383222</u>

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)		7000000
	(2) Participant contributions	1b(2)		
	(3) Other	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
	(2) U.S. Government securities	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)		
	(9) Value of interest in common/collective trusts	1c(9)		22718931
	(10) Value of interest in pooled separate accounts	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
	(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
	(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f		29718931

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		61750
i Acquisition indebtedness	1i		
j Other liabilities	1j		49293
k Total liabilities (add all amounts in lines 1g through 1j)	1k		111043

Net Assets

l Net assets (subtract line 1k from line 1f)	1l		29607888
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	10000000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		10000000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	-840786	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		-840786
(6) Net investment gain (loss) from common/collective trusts	2b(6)		243877
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		9403091

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	47076	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		47076
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	336118	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		336118
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		383194

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		9019897
l Transfers of assets:			
(1) To this plan.....	2l(1)		20587991
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☐ Yes ☒ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: DELOITTE & TOUCHE LLP

(2) EIN: 13-3891517

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☒ Yes ☐ No Amount: 0

- 5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 10/01/2010 and ending 09/30/2011

A Name of plan <u>GENERAL MOTORS PERSONAL RETIREMENT PLAN FOR HOURLY-RATE EMPLOYEES IN THE UNITED STATES</u>	B Three-digit plan number (PN) ▶ <u>015</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GENERAL MOTORS LLC</u>	D Employer Identification Number (EIN) <u>27-0383222</u>

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-3275867</u>	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3 <u>127</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☒ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☒ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2010
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: 100%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate item 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

General Motors Personal Retirement Plan for Hourly-Rate Employees
Form 5500
Plan No. – 015
Plan Year: 10/01/2010 – 09/30/2011

Auditor's Opinion

The Auditor's Opinion is included in the attached Financial Statements.

Schedule SB Part V – Statement of Actuarial Assumptions/Methods
General Motors Personal Retirement Plan for Hourly-Rate Employees
EIN/PIN 27-0383222/015

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee begins to earn Credited Service.

New or rehired employees It was assumed there will be no new or rehired employees.

Mortality

• **Healthy**

Mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code using static mortality tables option for the Funding Target, Target Normal Cost and Premium Funding Target.

GM Specific Hourly Healthy Male Mortality Table projected with 100% scale AA from 10/1/2004 is used for healthy mortality for males for ASC 960 valuation.

GM Specific Hourly Healthy Female Mortality Table projected with 100% scale AA from 10/1/2004 is used for healthy mortality for females for ASC 960 valuation.

The sample rates at 10/1/2010 by gender for the ASC 960 valuation are shown below:

Percentage not surviving during the year		
Age	Males	Females
20	0.0279%	0.0160%
30	0.0725%	0.0236%
40	0.1715%	0.1161%
50	0.3272%	0.2482%
60	0.8025%	0.6675%
70	2.2834%	2.0304%
80	6.6327%	5.1162%
90	18.3139%	14.7503%
100	35.6057%	32.6192%

• **Disabled**

Mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code using static mortality tables option for the Funding Target, Target Normal Cost and Premium Funding Target.

GM Specific Hourly Disabled Male Mortality Table projected with 100% scale AA from 10/1/2004 is used for disabled mortality for males for ASC 960 valuation.

GM Specific Hourly Disabled Female Mortality Table projected with 100% scale AA from 10/1/2004 is used for disabled mortality for females for ASC 960 valuation.

The sample rates at 10/1/2010 by gender for the ASC 960 valuation are shown below:

Percentage not surviving during the year		
Age	Males	Females
20	0.0279%	0.0160%
30	0.3717%	0.0236%

**Schedule SB Part V – Statement of Actuarial Assumptions/Methods
General Motors Personal Retirement Plan for Hourly-Rate Employees
EIN/PIN 27-0383222/015**

40	1.2487%	0.2074%
50	1.7668%	0.6145%
60	2.7552%	1.6932%
70	5.0894%	3.2466%
80	10.6905%	6.5953%
90	24.0000%	15.0764%
100	36.2173%	35.9388%

Disability rates

The rates at which participants become disabled by age and gender are shown below:

Percentage becoming disabled during the year		
Age	Males	Females
40	0.5%	0.5%
45	0.9%	0.9%
50	1.2%	1.2%
55	1.5%	1.5%
60	1.7%	1.7%
65	0.0%	0.0%

Withdrawal rates

Representative termination rates not due to disability, retirement or mortality

Attained Age	Percentage leaving during the year					
	Completed years of service					
	0	1	2	3	4	5 and over
20	22.1%	7.1%	4.5%	4.1%	3.4%	5.2%
25	21.9%	6.7%	4.1%	3.8%	3.5%	3.8%
30	22.5%	6.3%	3.8%	3.6%	2.9%	2.8%
35	15.0%	7.4%	3.7%	3.6%	2.7%	2.3%
40	9.2%	7.6%	3.5%	3.0%	2.3%	1.5%
45	7.0%	6.3%	3.2%	2.6%	1.9%	0.8%
50	5.6%	5.4%	3.1%	2.4%	1.8%	0.3%
55	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Note that the above termination rate is applicable only where there is no voluntary early retirement rate.

Retirement rates

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

Percentage retiring during the year	
Age	
50	0.0%
55	0.0%
60	7.0%
62	16.0%
65	30.5%

Schedule SB Part V – Statement of Actuarial Assumptions/Methods
General Motors Personal Retirement Plan for Hourly-Rate Employees
EIN/PIN 27-0383222/015

Benefit commencement date:

- Preretirement death benefit Upon the death of the active participant
- Deferred vested benefit Upon termination
- Disability benefit Upon disablement
- Retirement benefit Upon termination of employment

Form of payment 100% of participants are assumed to elect a lump sum form of payment under the plan.

Assumptions Used with Respect to the Survivor Options For purposes of valuing the pre-retirement surviving spouse's benefit, it is assumed that 80% of male employees and 40% of female employees would not reject the automatic survivor benefit election.

Spouse age The husband-wife age difference is three years for males and two years for females.

Administrative expenses The assumed administrative expenses are \$270,000 for the current plan year.

At-risk assumptions For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan, which is the lump sum form of payment.

Timing of benefit payments Lump sum payments are payable on the date of decrement.

Interest Credits The first segment of the non-averaged 3-segment yield curve (with phase-in) for the month of July preceding the valuation date (2.83% for the 2010 plan year) applicable under PPA.

Schedule SB Part V – Statement of Actuarial Assumptions/Methods
General Motors Personal Retirement Plan for Hourly-Rate Employees
EIN/PIN 27-0383222/015

Methods

Valuation date	First day of plan year and the twelve-month period ends September 30, 2011.
Funding target	Present value of accrued benefits
Target normal cost	Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year.
Actuarial value of assets	<p>Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22) . The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2009 plan year.)</p> <p>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets if the actual expected return exceeds the limitation under IRS Notice 2009-22.</p> <p>This is equal to the fair market value of assets for the 2010 plan year as this is the first year of the plan.</p>
Benefits not valued	<p>All benefits described in the Plan Provisions section of this report were valued including based on discussions with GM regarding the likelihood that these benefits will be paid. Towers Watson has reviewed the plan provisions with GM and, based on that review, is not aware of any significant benefits required to be valued that were not.</p>
Change in assumptions and methods since prior valuation	This is not applicable for the first plan year.

Schedule SB - Statement by Enrolled Actuary

Plan Sponsor	General Motors LLC
EIN/PN	27-0383222 / 015
Plan Name	General Motors Personal Retirement Plan for Hourly-Rate Employees
Valuation Date	October 1, 2010
Enrolled Actuary	Mary Gibbon
Enrollment Number	11-06921

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

Schedule SB Part V – Summary of Plan Provisions
General Motors Personal Retirement Plan for Hourly-Rate Employees
EIN/PIN 27-0383222/015

Schedule SB, Part V – Summary of Plan Provisions

Plan Provisions

The plan was originally effective October 1, 2010

Covered employees

Tier II wage employees hired on or after October 1, 2007 are eligible to participate in the Personal Retirement Plan.

Also participants who are not Benefit Guarantee eligible and were acquired by GM in the "Delphi 5 Sites" and Needmore Road/Flint East absorption.

Seniority

Seniority is the period following the most recent date of hire.

Definitions

Credited service

Credited Service is computed for each calendar year for each employee on total hours compensated. A full year of Credited Service is 1,700 or more compensated hours, a proportionate credit is given to the nearest 1/10 of a year.

Vesting

3 years of elapsed time Service.

Plan compensation

Plan compensation is equal to the hourly rate of pay as of the valuation date multiplied by 2,080 for Personal Retirement Plan.

Normal retirement date (NRD)

First of month coinciding with or next following the attainment of age 65.

Eligibility Requirements

Normal retirement: age 65.

Voluntary Early Retirement: age 60 with 10 years of service, ages 55-59 and 85 points, or any age and 30 years of service.

Consent Early Retirement: age 55 with 10 years of service and satisfies objective standards as set forth in the Plan.

Total and Permanent Disability Retirement: 10 years of service and totally and permanently disabled prior to age 65.

Vested Deferred Benefit: 3 years of elapsed time Credited Service.

Pre-Retirement Survivor Benefit

3 years of elapsed time Credited Service.

Schedule SB Part V – Summary of Plan Provisions
General Motors Personal Retirement Plan for Hourly-Rate Employees
EIN/PIN 27-0383222/015

Amount of Benefit

Personal Retirement Plan account balances are accrued in the form of Pay Credits and Interest Credits.

Annual Pay Credit: 6.4% of the employee hourly rate multiplied by the number of straight time hours worked. Certain former Delphi sites have Annual Pay Credit of 5.4%, determined by location.

Interest Credits: Calculated by multiplying the account balance as of the first day of the previous Plan Year by the annual Interest Credit Percentage. A participant's account balance equals the quantitative pay credits and interest credits. The annual Interest Credit Percentage is the first segment of the non-averaged 3-segment yield curve (with phase-in) for the month of July preceding the valuation date (2.83% for the 2010 plan year) applicable under PPA.

Certain employees in the Hourly Personal Retirement Plan have benefits accrued under the traditional Hourly Plan. These accrued benefits were transferred to the Hourly Personal Retirement Plan at the date of the spin-off.

Schedule SB Part V – Summary of Plan Provisions
General Motors Personal Retirement Plan for Hourly-Rate Employees
EIN/PIN 27-0383222/015

Eligibility for Benefits

Normal retirement	Age 65
Early retirement	Ages 60 with 10 years of service, or any age with 30 years of service or age 55 and over with 85 points
Consent Early Retirement	Ages 50 with 10 years of service
Total and Permanent Disability	10 years of credited service prior to age 65 and totally and permanent disabled
Vested termination	3 years of credited service
Preretirement death	3 years of credited service

Benefits Paid Upon the Following Events

Normal retirement	Vested account balance or a monthly annuity based on vested account balance.
Early retirement	Vested account balance or a monthly annuity based on vested account balance.
Consent retirement	Vested account balance or a monthly annuity based on vested account balance.
Vested termination	Vested account balance or a monthly annuity based on vested account balance.
Preretirement death	Vested account balance or a monthly annuity based on vested account balance for designated beneficiary.

Other Plan Provisions

Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code.
------------------------------------	--

Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions. Towers Watson is not aware of any future plan changes.

Schedule SB, Part V – Significant Events
General Motors Personal Retirement Plan for Hourly-Rate Employees
EIN/PN: 27-0383222/015

All accrued benefits for participants with cash balance benefits in the Hourly-Rate Employees Pension Plan (EIN/PN: 27-0383222/003) were spun off into this plan, effective on September 30, 2010, the last day of the plan year. The liabilities and assets for the participants involved were transferred to this Plan.

**Schedule SB, Line 22 – Description of Weighted Average Retirement Age
General Motors Personal Retirement Plan for Hourly-Rate Employees
EIN/PN: 27-0383222/015**

For each active and transferred employee, an average retirement age for each possible decrement is calculated as the probability of decrementing in each year multiplied by the percentage of the employee not previously decremented.

The weighted average retirement age is calculated as the average of these individual employee ages, per decrement, weighted by the total number expected to leave due to each decrement. These decrements are disability retirement, 30 years of service, years of service and age totaling 85, 55 years of age and 10 years of service, consent retirement, and normal retirement.

Representative retirement rates are found in the attachment Schedule SB, Part V – Statement of Actuarial Assumptions/Methods.

GENERAL MOTORS LLC

General Motors Personal Retirement Plan For Hourly Rate Employees
EIN/PN: 27-0383222/015

Actuarial Valuation as of October 1, 2010*

Attachment to 2010 Schedule SB of Form 5500

Line 26 - Schedule of Active Participant Data - Pay																						
YEARS OF CREDITED SERVICE																						
Attained Age	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		Over 40		Total	
	No.	Average Comp.	No.	Average Comp.	No.	Average Comp.	No.	Average Comp.	No.	Average Comp.	No.	Average Comp.	No.	Average Comp.	No.	Average Comp.	No.	Average Comp.	No.	Average Comp.	No.	Average Comp.
Under 25	283	32,666	334	31,951	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	617	32,279
25 to 29	489	35,208	494	32,824	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	983	34,009
30 to 34	586	39,483	363	33,575	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	949	37,223
35 to 39	758	43,373	349	34,337	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	1,109	40,558
40 to 44	768	44,105	304	36,354	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1,072	41,907
45 to 49	713	45,685	266	35,696	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	980	42,960
50 to 54	641	48,542	245	37,668	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	886	45,535
55 to 59	332	49,254	120	38,621	-	-	-	-	-	-	1	-	-	-	-	1	-	-	-	-	454	46,377
60 to 64	87	48,815	46	48,884	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	134	48,916
65 to 69	11	-	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	15	-
70 & up	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-
Total	4,688	43,100	2,527	34,847	1	-	3	-	-	-	1	-	-	-	-	1	-	-	-	-	7,201	40,206

* Reflects 2010 Paycap of \$245,000

GENERAL MOTORS LLC

General Motors Personal Retirement Plan For Hourly Rate Employees
EIN/PN: 27-0383222/015

Actuarial Valuation as of October 1, 2010

Attachment to 2010 Schedule SB of Form 5500

Line 26 - Schedule of Active Participant Data - Account Balance																						
YEARS OF CREDITED SERVICE																						
Attained Age	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		Over 40		Total	
	No.	Avg Cash Balance	No.	Avg Cash Balance	No.	Avg Cash Balance	No.	Avg Cash Balance	No.	Avg Cash Balance	No.	Avg Cash Balance	No.	Avg Cash Balance	No.	Avg Cash Balance	No.	Avg Cash Balance	No.	Avg Cash Balance	No.	Avg Cash Balance
Under 25	283	2,010	334	2,779	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	617	2,427	
25 to 29	489	2,346	494	3,054	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	983	2,701	
30 to 34	586	2,436	363	2,938	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	949	2,628	
35 to 39	758	2,526	349	3,265	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	1,109	2,803	
40 to 44	768	2,503	304	3,421	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1,072	2,763	
45 to 49	713	2,732	266	3,670	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	980	2,984	
50 to 54	641	2,906	245	3,808	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	886	3,155	
55 to 59	332	2,793	120	4,074	-	-	-	-	-	-	1	-	-	-	-	1	-	-	-	454	3,643	
60 to 64	87	2,660	46	4,442	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	134	3,264	
65 to 69	11	-	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	15	-	
70 & up	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	
Total	4,668	2,566	2,527	3,296	1	3	-	-	-	-	1	-	-	-	-	1	-	-	-	7,201	2,860	

Schedule SB, Line 19 – Discounted Employer Contributions
General Motors Personal Retirement Plan for Hourly-Rate Employees
EIN/PN: 27-0383222/015

<u>Date of Contribution</u>	<u>Amount of Contribution</u>	<u>Year Applied To</u>	<u>Effective Interest Rate</u>	<u>Interest-Adjusted Contribution</u>
01/13/2011	\$1,500,000	10/1/2010 Plan Year	6.54%	\$1,473,167
04/14/2011	\$1,500,000	10/1/2010 Plan Year	6.54%	\$1,450,082
06/15/2012	\$7,000,000	10/1/2010 Plan Year	6.54%	\$6,282,580
	\$10,000,000			\$9,205,829

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2010**This Form is Open to Public
Inspection**

For calendar plan year 2010 or fiscal plan year beginning 10/01/2010 and ending 09/30/2011

▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan GM PERSONAL RETIREMENT PLAN FOR HOURLY-RATE EE'S	B Three-digit plan number (PN) ▶ 015
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF General Motors Company	D Employer Identification Number (EIN) 27-0383222
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month 10 Day 1 Year 2010		
2 Assets:		
a Market value.....	2a	20,588,000
b Actuarial value.....	2b	20,588,000
3 Funding target/participant count breakdown	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a 0	0
b For terminated vested participants	3b 72	386,000
c For active participants:		
(1) Non-vested benefits.....	3c(1)	4,652,000
(2) Vested benefits.....	3c(2)	7,137,000
(3) Total active	3c(3) 7,201	11,789,000
d Total.....	3d 7,273	12,175,000
4 If the plan is at-risk, check the box and complete items (a) and (b)	☐	
a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor.....	4b	
5 Effective interest rate	5	6.54 %
6 Target normal cost.....	6	9,088,000

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		7/6/12
	Signature of actuary	Date
Mary Gibbon	Type or print name of actuary	11-06921
		Most recent enrollment number
Towers Watson	Firm name	(703) 258-8163
		Telephone number (including area code)
901 North Glebe Road	Address of the firm	
Arlington	VA 22203-1808	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2010
v.092308.1

Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus Item 8).....	0	0
10	Interest on item 9 using prior year's actual return of _____ %		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year).....		0
b	Interest on (a) using prior year's effective rate of <u>0.00</u> %		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (Item 9 + item 10 + item 11d - item 12)	0	0

14	Funding target attainment percentage.	14	169.10 %
15	Adjusted funding target attainment percentage.	15	169.10 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.	16	%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

18 Contributions made to the plan for the plan year by employer(s) and employees:						
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
01/13/2011	1,500,000					
04/14/2011	1,500,000					
06/15/2012	7,000,000					
			Totals ▶	18(b)	10,000,000	18(c)
						0
19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:						
a Contributions allocated toward unpaid minimum required contribution from prior years.					19a	0
b Contributions made to avoid restrictions adjusted to valuation date					19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....					19c	9,205,829
20 Quarterly contributions and liquidity shortfalls:						
a Did the plan have a "funding shortfall" for the prior year?					☐ Yes	☒ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?					☐ Yes	☐ No
c If 20a is "Yes," see instructions and complete the following table as applicable:						
Liquidity shortfall as of end of Quarter of this plan year						
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th			

Part V Assumptions used to determine funding target and target normal cost**21** Discount rate:**a** Segment rates:

1st segment:

4.16 %

2nd segment:

6.52 %

3rd segment:

6.68 %

☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

64

23 Mortality table(s) (see instructions)☐

Prescribed - combined

☒

Prescribed - separate

☐

Substitute

Part VI Miscellaneous items**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.**27****Part VII Reconciliation of unpaid minimum required contributions for prior years****28** Unpaid minimum required contribution for all prior years **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (Item 19a) **29** 0**30** Remaining amount of unpaid minimum required contributions (item 28 minus item 29) **30** 0**Part VIII Minimum required contribution for current year****31** Target normal cost, adjusted, if applicable (see instructions) **31** 675,000**32** Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment

0

0

b Waiver amortization installment

0

0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount**33**

0

34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)**34**

675,000

Carryover balance

Prefunding balance

Total balance

35 Balances used to offset funding requirement

0

0

0

36 Additional cash requirement (item 34 minus item 35) **36** 675,000**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)**37**

9,205,829

38 Interest-adjusted excess contributions for current year (see instructions) **38** 8,530,829**39** Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37) **39** 0**40** Unpaid minimum required contribution for all years **40** 0

General Motors Personal Retirement Plan for Hourly-Rate Employees
Form 5500 – Sch. H, Part IV, Line 4i
Plan No. – 015
Plan Year: 10/01/2010 – 09/30/2011

Schedule of Assets Held at End of Year

The Schedule of Assets is included in the attached Financial Statements.

General Motors Personal Retirement Plan for Hourly-Rate Employees
Form 5500 – Sch. H, Part IV, Line 4j—Schedule of Reportable Transactions
Plan No. – 015
Plan Year: 10/01/2010 – 09/30/2011

Schedule of Reportable Transactions

The Schedule of Reportable Transactions is included in the attached Financial Statements.



GENERAL MOTORS
PERSONAL RETIREMENT PLAN FOR HOURLY-RATE
EMPLOYEES IN THE UNITED STATES

Employer ID: 27-0383222

Plan Number: 015

Statement of Net Liabilities as of September 30, 2011 (Liquidation Basis) and
Statement of Net Assets Available for Benefits as of September 30, 2010 (Going Concern Basis)

Statement of Changes in Net Liabilities
for the Period September 28, 2011 to September 30, 2011 (Liquidation Basis) and
Statement of Changes in Net Assets Available for Benefits
for the Period October 1, 2010 to September 27, 2011 (Going Concern Basis) and
Statement of Changes in Net Assets Available for Benefits
for the One-Day Period Ended September 30, 2010 (Going Concern Basis)

Statements of Accumulated Plan Benefits
as of September 30, 2011 (Liquidation Basis) and September 30, 2010 (Going Concern Basis)

Statements of Changes in Accumulated Plan Benefits
for the Period September 28, 2011 to September 30, 2011 (Liquidation Basis) and
for the Period October 1, 2010 to September 27, 2011 (Going Concern Basis) and
for the One-Day Period Ended September 30, 2010 (Going Concern Basis)

Supplemental Schedules as of and for the Year Ended September 30, 2011 and
Independent Auditors' Report

**GENERAL MOTORS PERSONAL RETIREMENT PLAN FOR HOURLY- RATE
EMPLOYEES IN THE UNITED STATES**

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Statement of Changes in Net Liabilities for the Period September 28, 2011 to September 30, 2011 (Liquidation Basis) and Statement of Changes in Net Assets Available for Benefits for the Period October 1, 2010 to September 27, 2011 (Going Concern Basis) and Statement of Changes in Net Assets Available for Benefits for the One-Day Period Ended September 30, 2010 (Going Concern Basis).....	3
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Statements of Accumulated Plan Benefits as of September 30, 2011 (Liquidation Basis) and September 30, 2010 (Going Concern Basis) and Statements of Changes in Accumulated Plan Benefits for the Periods September 28, 2011 to September 30, 2011 (Liquidation Basis) and October 1, 2010 to September 27, 2011 (Going Concern Basis) and for the One-Day Period Ended September 30, 2010 (Going Concern Basis).....	4
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SUPPLEMENTAL SCHEDULES

Schedule H, Part IV, Line 4i—Schedule of Assets (Held at End of Year) as of September 30, 2011.....	i
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Schedule H, Part IV, Line 4j—Schedule of Reportable Transactions for the Year Ended September 30, 2011.....	ii
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All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.



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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Participants of
General Motors Personal Retirement Plan for Hourly-Rate Employees:

We have audited the accompanying financial statements of General Motors Personal Retirement Plan for Hourly-Rate Employees as of and for the periods listed in the Table of Contents. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

As discussed in Note 2 to the financial statements, General Motors LLC, the Plan's sponsor, along with the International Union, United Automobile, Aerospace and Agricultural Implement Workers of America decided in September 2011 to terminate the Plan. In accordance with accounting principles generally accepted in the United States of America, the Plan has changed its basis of accounting from the ongoing plan basis to the liquidation basis effective September 28, 2011.

In our opinion, such financial statements present fairly, in all material respects, the Plan's net liabilities in liquidation as of September 30, 2011, the financial status of the Plan as of September 30, 2010, the changes in net liabilities in liquidation for the period September 28, 2011 to September 30, 2011, the changes in net assets available for benefits for the period October 1, 2010 to September 27, 2011, the changes in accumulated plan benefits for the period September 28, 2011 to September 30, 2011, the changes in accumulated plan benefits for the period October 1, 2010 to September 27, 2011, and the changes in its financial status for the one-day period ended September 30, 2010 in conformity with accounting principles generally accepted in the United States of America.

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules listed in the Table of Contents are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such schedules are the responsibility of the Plan's management and were derived from and relate directly to the underlying accounting and other records used to prepare the financial statements. These schedules have been subjected to the auditing procedures applied in our audits of the financial statements and certain additional procedures, including comparing and reconciling such schedules directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, such schedules are fairly stated in all material respects in relation to the financial statements as a whole.

Deloitte + Touche LLP

December 20, 2012

**GENERAL MOTORS PERSONAL RETIREMENT PLAN FOR HOURLY- RATE
EMPLOYEES IN THE UNITED STATES**

**STATEMENT OF NET LIABILITIES
AS OF SEPTEMBER 30, 2011 (LIQUIDATION BASIS)
AND
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF SEPTEMBER 30, 2010 (GOING CONCERN BASIS)
(in thousands)**

	2011	2010
	(In Liquidation)	(Going Concern)
Assets		
Investment in GM Hourly Trust at estimated fair value	\$ 22,719	\$ -
Employer contribution receivable	7,000	-
Due from Hourly Plan	-	20,588
Total assets	<u>29,719</u>	<u>20,588</u>
Liabilities		
Estimated payments due participants upon liquidation	33,330	-
Traditional Pension Benefit obligation due Hourly Plan	2,370	-
Accrued administrative expenses and other	111	-
Total liabilities	<u>35,811</u>	<u>-</u>
Net assets available for benefits		<u><u>\$ 20,588</u></u>
Net liabilities in liquidation	<u><u>\$ (6,092)</u></u>	

See Notes to Financial Statements.

**GENERAL MOTORS PERSONAL RETIREMENT PLAN FOR HOURLY- RATE
EMPLOYEES IN THE UNITED STATES**

**STATEMENT OF CHANGES IN NET LIABILITIES
FOR THE PERIOD SEPTEMBER 28, 2011 TO SEPTEMBER 30, 2011 (LIQUIDATION BASIS)
AND
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE PERIOD OCTOBER 1, 2010 TO SEPTEMBER 27, 2011 (GOING CONCERN BASIS)
AND
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE ONE-DAY PERIOD ENDED SEPTEMBER 30, 2010 (GOING CONCERN BASIS)
(in thousands)**

	For the Period September 28, 2011 to September 30, 2011 (In Liquidation)	For the Period October 1, 2010 to September 27, 2011 (Going Concern)	For the One- Day Period Ended September 30, 2010 (Going Concern)
Additions			
Employer contributions	\$ 7,000	\$ 3,000	\$ -
Net investment loss from GM Hourly Trust	-	(597)	-
Total additions	<u>7,000</u>	<u>2,403</u>	<u>-</u>
Deductions			
Benefits paid to participants	-	47	-
Administrative expenses	-	336	-
Total deductions	<u>-</u>	<u>383</u>	<u>-</u>
Transfer of investments from Hourly Plan	<u>-</u>	<u>-</u>	<u>20,588</u>
Net increase	7,000	2,020	20,588
Liquidation basis adjustments			
Present value of participant cash balance benefits	(24,731)	-	-
Transfer of traditional pension benefit obligation to Hourly Plan	(2,370)	-	-
Increase in cash balance benefit obligation due to Plan termination	(8,599)	-	-
Net assets available for benefits			
Beginning of period	22,608	20,588	-
End of period		<u>\$ 22,608</u>	<u>\$ 20,588</u>
Net liabilities in liquidation	<u>\$ (6,092)</u>		

See Notes to Financial Statements.

**GENERAL MOTORS PERSONAL RETIREMENT PLAN FOR HOURLY- RATE
EMPLOYEES IN THE UNITED STATES**

**STATEMENTS OF ACCUMUALTED PLAN BENEFITS
AS OF SEPTEMBER 30, 2011 (LIQUIDATION BASIS)
AND
AS OF SEPTEMBER 30, 2010 (GOING CONCERN BASIS)
(in thousands)**

	2011 (In Liquidation)	2010 (Going Concern)
Actuarial present value of accumulated Plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ -	\$ -
Non-retired participants	-	8,409
Terminated vested and transferred participants	-	406
Total vested benefits	-	8,815
Nonvested benefits	-	6,262
	<u>\$ -</u>	<u>\$ 15,077</u>

**STATEMENTS OF CHANGES IN ACCUMUALTED PLAN BENEFITS
FOR THE PERIOD SEPTEMBER 28, 2011 TO SEPTEMBER 30, 2011 (LIQUIDATION BASIS)
AND
FOR THE PERIOD OCTOBER 1, 2010 TO SEPTEMBER 27, 2011 (GOING CONCERN BASIS)
AND
FOR THE ONE-DAY PERIOD ENDED SEPTEMBER 30, 2010 (GOING CONCERN BASIS)
(in thousands)**

	For the Period September 28, 2011 to September 30, 2011 (In Liquidation)	For the Period October 1, 2010 to September 27, 2011 (Going Concern)	For the One Day Period Ended September 30, 2010 (Going Concern)
Actuarial present value of accumulated Plan benefits—Beginning of period	<u>\$ 27,101</u>	<u>\$ 15,077</u>	<u>\$ -</u>
Increase (decrease) during the year attributable to:			
Benefits earned net of experience gains	-	8,021	-
Interest	-	764	-
Benefits paid	-	(47)	-
Changes in actuarial assumptions	-	3,286	-
Transfer from Hourly Plan	-	-	15,077
Liquidation basis adjustments:			
Present value of participant cash balance benefits	(24,731)		
Transfer of traditional pension benefit obligation to Hourly Plan	(2,370)		
	<u>(27,101)</u>	<u>12,024</u>	<u>15,077</u>
Actuarial present value of accumulated Plan benefits—End of period	<u>\$ -</u>	<u>\$ 27,101</u>	<u>\$ 15,077</u>

See Notes to Financial Statements.

GENERAL MOTORS PERSONAL RETIREMENT PLAN FOR HOURLY- RATE EMPLOYEES IN THE UNITED STATES

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of the Plan

The following description of the General Motors Personal Retirement Plan for Hourly-Rate Employees in the United States ("Plan") provides only general information. The plan sponsor is General Motors LLC ("GM LLC", "GM" or "Company"), an indirect wholly-owned subsidiary of General Motors Company ("GM Company"). Participants should refer to the Plan document for a complete description of the Plan's provisions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") and the Internal Revenue Code ("IRC"), as amended.

General

The Plan is a non-contributory cash balance pension plan covering GM hourly-rate employees hired on or after October 1, 2007 that are represented by the International Union, United Automobile, Aerospace and Agricultural Implement Workers of America ("UAW"). The Plan was formed effective September 30, 2010 with the transfer from the General Motors Hourly-Rate Employees Pension Plan ("Hourly Plan") of employee cash balance accounts and certain deferred vested defined pension benefit obligations related to rehired hourly employees ("Traditional Pension Benefits") pursuant to the terms of the GM-UAW 2007 National Agreement. Benefit levels provided to the participants of the Plan were not modified.

The Company and the UAW entered into a new four year labor agreement that was ratified on September 28, 2011 ("2011 National Agreement") and amended the Plan, including authorization to terminate the Plan, as described in Note 2. Plan Amendments. Actions taken to terminate the Plan are disclosed in Note 10. Subsequent Events.

Participation in the Plan is based on an employee attaining seniority as defined in the Plan document. Plan benefits are credited monthly to participants' individual notional accounts and are determined by a formula that equals 6.4% of the employee's hourly rate multiplied by the number of straight time hours worked, not to exceed 2,080 hours annually ("Pay Credits"). Pay Credits for UAW represented hourly employees of General Motors Components Holdings, LLC ("GMCH"), which business was acquired by the Company in 2009, are calculated at 5.4% of the employee's hourly rate. Interest was computed and allocated to a participant's accounts annually by multiplying the participants' account balance at the beginning of the Plan year by the applicable interest rate ("Interest Credits"). The applicable interest rate for the period October 1, 2007 through September 30, 2008 was the 30 year U.S. Treasury bond rate as specified by the Internal Revenue Service ("IRS") and for all periods thereafter, the first segment interest rate as defined in IRC Section 417(e).

Benefits earned under the Plan vested upon completion of 3 years of service.

The Investment Funds Committee ("IFC") of the GM LLC Board of Managers is the named fiduciary of the Plan and is responsible for reviewing and approving on an annual basis the Plan's investment allocation policy. General Motors Investment Management Corporation ("GMIMCo") is the Plan's named fiduciary for investment purposes and is an indirect wholly-owned subsidiary of GM Company. State Street Bank and Trust Company ("State Street" or "Trustee") serves as Plan trustee.

GENERAL MOTORS PERSONAL RETIREMENT PLAN FOR HOURLY- RATE EMPLOYEES IN THE UNITED STATES

NOTES TO FINANCIAL STATEMENTS

Note 2. Plan Amendments

The 2011 National Agreement amended certain Plan provisions which included: 1) cessation of the accrual of participant Pay Credits effective January 2, 2012; 2) termination of the Plan on June 30, 2012 or as soon thereafter as reasonably practicable; 3) change in the applicable interest rate used in computing Interest Credits from the first segment interest rate to the third segment interest rate specified under IRC Section 417(e) retroactive for all periods commencing on and after October 1, 2008 to the Plan termination date; 4) retrospective modification of the Interest Credit calculation and application frequency from annual to monthly for all periods beginning on and after October 1, 2007; 5) immediate vesting of all unvested participant account balances on the date the Plan is terminated and 6) transfer back to the Hourly Plan all the obligation for Traditional Pension Benefits previously transferred to the Plan on September 30, 2010.

The Plan amendments increased the actuarial present value of accumulated Plan benefits by approximately \$8.6 million during 2011 as described in Note 6. Actuarial Present Value of Accumulated Plan Benefits and Plan Termination Assumptions.

Note 3. Significant Accounting Policies

Change in Basis of Accounting

As a result of the decision and approval to terminate the Plan, the basis of accounting in the financial statements was changed to the liquidation basis effective September 28, 2011 from the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP"). In connection with the change in basis of accounting, the Plan is reporting its benefit obligation as a liability on the statement of net liabilities as of September 30, 2011.

Use of Estimates

The preparation of the financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of net liabilities in liquidation and net assets available for benefits and accumulated plan benefits and the reported amounts of changes therein. Actual results could differ from those estimates.

Contributions

GM contributions are made periodically and are within the limits established by ERISA. Contributions made up to eight and a half months after the Plan year are recorded as contributions receivable or are otherwise recorded when received.

GENERAL MOTORS PERSONAL RETIREMENT PLAN FOR HOURLY- RATE EMPLOYEES IN THE UNITED STATES

NOTES TO FINANCIAL STATEMENTS

Note 3. Significant Accounting Policies (continued)

Payment of Benefits

Benefit payments are recorded when paid on a going concern basis and accrued under the liquidation basis of accounting.

Administrative Expenses

Certain Plan administrative expenses are partly paid by the Company and are not reflected in these financial statements.

Investment Valuation and Investment Income

The Plan owns a beneficial interest in the General Motors Hourly-Rate Employees Pension Trust ("GM Hourly Trust") which is a group trust akin to a common collective trust. The GM Hourly Trust is tax exempt under the IRC and is a direct filing entity. The GM Hourly Trust permits commingling of the assets of more than one employee benefit plan for investment and administrative purposes, including plans of unrelated sponsors.

The Plan's investment in the GM Hourly Trust is recorded at fair value. Fair value of a financial instrument is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Net investment income (loss) of the GM Hourly Trust is recognized as earned during the period in which the investment is held. Net investment income (loss) of the GM Hourly Trust is determined by the Trustee and allocated to each participating plan based on that plan's interest in the GM Hourly Trust as compared to the total interests of all the participating plans. Investment transactions are recorded on a trade-date basis.

Risks and Uncertainties

The Plan's ownership interest in the GM Hourly Trust is an investment instrument. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the financial statements.

**GENERAL MOTORS PERSONAL RETIREMENT PLAN FOR HOURLY- RATE
EMPLOYEES IN THE UNITED STATES**

NOTES TO FINANCIAL STATEMENTS

Note 3. Significant Accounting Policies (continued)

Fair Value Hierarchy

Accounting Standards Codification ("ASC"), *Fair Value Measurements and Disclosures* ("ASC 820") established a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The fair hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below.

- | | |
|---------|--|
| Level 1 | Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities; |
| Level 2 | Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly; and |
| Level 3 | Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable. |

The Plan's policy is to transfer investments between the levels of the fair value hierarchy at the beginning of the year based upon changes to observable inputs that are significant to the overall fair value measurements.

New Accounting Standards

In May 2011, the FASB issued ASU 2011-04, *Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and IFRSs* ("ASU 2011-04"). This guidance amends ASC 820 and provides consistency between U.S. GAAP and International Financial Reporting Standards regarding the definition of fair value and results in common fair value measurements and disclosure requirements. Certain of the amendments clarify the intent about the application of existing fair value measurement requirements while other provisions change a particular principle or requirement for measuring fair value or for disclosing information about fair value measurements. ASU 2011-04 is effective for reporting periods beginning after December 15, 2011 and the guidance must be applied prospectively. The effect of adopting ASU 2011-04 on the Plan's financial statements and related disclosures is being evaluated.

GENERAL MOTORS PERSONAL RETIREMENT PLAN FOR HOURLY- RATE EMPLOYEES IN THE UNITED STATES

NOTES TO FINANCIAL STATEMENTS

Note 4. Investments

The Plan's only investment at September 30, 2011 was its interest in the GM Hourly Trust which was valued at net asset value (or its equivalent) as determined by the Trustee based on the fair values of the underlying investments and classified in its entirety within Level 2 of the fair value hierarchy. The GM Hourly Trust does not have redemption restrictions, requires no additional funding and maintains a balanced investment strategy (60% to 70% equity and 30% to 40% fixed income) on behalf of the Plan.

A receivable from the Hourly Plan in the amount of \$20.6 million was recorded at September 30, 2010 and represented the fair value of investments due the Plan which were transferred in October 2011. The receivable was classified within Level 2 of the fair value hierarchy.

There were no transfers between the fair value hierarchy levels during 2011.

Note 5. Employer Contributions

The Company made cash contributions to the Plan during 2011 aggregating \$3.0 million and met the minimum funding requirements under ERISA. The Company made an additional \$7.0 million contribution to the Plan in June 2012 and the amount was recorded as a contribution receivable at September 30, 2011 in accordance with the Plan's accounting policy. The Company is committed contractually, or otherwise, to contribute amounts sufficient to pay all benefits due participants and settle administrative expenses upon liquidation of the Plan.

Note 6. Actuarial Present Value of Accumulated Plan Benefits and Plan Termination Assumptions

Accumulated plan benefits are those future periodic payments which are attributable to the service participants have rendered under the Plan's provisions. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries, (b) beneficiaries of employees who have died and (c) active participants or their beneficiaries.

The actuarial present value of accumulated plan benefits is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money through discounts for interest and the probability of payment by means of decrements such as for death, disability, withdrawal or retirement between the valuation date and the expected date of payment. Actuarial assumptions are generally based on the presumption that the Plan will continue. However, the Company has terminated the Plan as described in Note. 10 Subsequent Events. As such, the Plan's actuary has modified the actuarial assumptions effective September 28, 2011 to reflect the termination.

GENERAL MOTORS PERSONAL RETIREMENT PLAN FOR HOURLY- RATE EMPLOYEES IN THE UNITED STATES

NOTES TO FINANCIAL STATEMENTS

Note 6. Actuarial Present Value of Accumulated Plan Benefits and Plan Termination Assumptions (continued)

The benefit obligation at September 30, 2010 that was transferred from the Hourly Plan aggregated \$15.1 million and was comprised of the actuarial present value of accumulated participant cash balance benefits of \$13.1 million with the balance attributable to Traditional Pension Benefits of \$2.0 million. The comparable components of the benefit obligation at September 27, 2011 were \$24.7 million and \$2.4 million, respectively.

The following significant assumptions were used in the determination of the actuarial present value of accumulated plan benefits on a going concern basis as of September 27, 2011 and September 30, 2010:

- The interest rate used to discount accumulated plan benefits was 2.99% and 5.16% at September 27, 2011 and September 30, 2010, respectively.
- The mortality of retired and non-retired participants was estimated using GM Specific healthy and disabled mortality tables for hourly males and females. The mortality tables were projected with 100% scale AA from 10/1/2004.
- The participant withdrawal rate, retirement rate and incidence of total and permanent disability were based on GM experience.
- Interest Credits were calculated using the first segment of the non-averaged 3-segment yield curve (with phase-in) for the month of July preceding the valuation date applicable under IRC Section 417(e) and were 2.23% and 2.83% for 2011 and 2010, respectively.
- It was assumed that 100% of participants elect the lump-sum form of payment of their cash balance accounts upon retirement or termination of employment.

The net increase in accumulated plan benefits of approximately \$3.3 million due to changes in actuarial assumptions reflects a decrease of \$1.2 million attributable to the reduction in the interest rates used in the determination of Interest Credits, which was offset by an increase of \$4.5 million due to the decline in the discount rate. Benefits earned of \$8.0 million includes a reduction of \$2.7 million for experience gains resulting from the difference between participant estimated versus actual hours worked in the calculation of Pay Credits.

The increase in the actuarial present value of accumulated Traditional Pension Benefits is principally due to the change in the discount rate.

**GENERAL MOTORS PERSONAL RETIREMENT PLAN FOR HOURLY- RATE
EMPLOYEES IN THE UNITED STATES**

NOTES TO FINANCIAL STATEMENTS

**Note 6. Actuarial Present Value of Accumulated Plan Benefits and Plan
Termination Assumptions (continued)**

Except for Traditional Pension Benefits, the foregoing actuarial assumptions were revised to reflect the decision to terminate the Plan and the valuation converted to a liquidation basis effective September 28, 2011, which increased the actuarial present value of accumulated plan cash balance benefits by approximately \$8.6 million. This liquidation basis adjustment is principally comprised of: 1) a \$10.7 million increase reflecting the change from the applicable first segment to the third segment interest rate under IRC Section 417(e) used to calculate Interest Credits retroactive for all periods commencing October 1, 2008 to the June 30, 2012 plan termination date. The first segment interest rates for the 2011, 2010 and 2009 periods were 2.23%, 2.83% and 4.00%, respectively. The third segment interest rates for the comparable periods were 5.88%, 5.26% and 5.23%, respectively. For all periods subsequent to June, 30, 2012 until the projected November 1, 2012 participant account balance distribution date, Interest Credits are based on a 5.28% termination rate as determined pursuant to the IRC; 2) a decrease of \$2.4 million representing the reversal of future Interest Credit accruals resulting from the conversion to immediate versus future periodic payment of account balances due to Plan termination.

The obligation attributable to Traditional Pension Benefits was calculated based on the ongoing plan actuarial assumptions previously described and are not affected by the Plan termination. The Traditional Pension Benefits obligation was transferred to the Hourly Plan prior to the termination date.

Note 7. Tax Status

Pursuant to the 2011 National Agreement, the Plan was amended to terminate effective June 30, 2012. On May 9, 2012, management filed an Application for Determination for Terminating Plan with the IRS seeking a determination that the Plan was tax qualified upon termination. Management is awaiting reply from the IRS. Management believes the Plan was designed and operated in compliance with the applicable sections of the IRC, and the Plan and related trusts continue to be tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Plan management has analyzed the tax position taken by the Plan and has concluded that as of September 30, 2011, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to audit by taxing jurisdictions for the 2011 and 2010 Plan years. There are no audits for any tax periods currently in progress.

Note 8. Related-Party Transactions

The Plan enters into related-party transactions as described in Note 1. Plan Description which include investments or transactions with the Trustee and GM and its subsidiaries.

**GENERAL MOTORS PERSONAL RETIREMENT PLAN FOR HOURLY- RATE
EMPLOYEES IN THE UNITED STATES**

NOTES TO FINANCIAL STATEMENTS

Note 9. Reconciliation of Financial Statements to the Form 5500

The following is a reconciliation of the net liabilities (in liquidation) per the financial statements to the net assets available for benefits per the Form 5500 as of September 30, 2011:

	<u>2011</u>
Net liabilities in liquidation per the financial statements	\$ (6,092)
Add:	
Estimated payments due participants upon liquidation	33,330
Traditional Pension Benefit obligation due Hourly Plan	<u>2,370</u>
Net assets available for benefits per the Form 5500	<u><u>\$ 29,608</u></u>

The following is a reconciliation of the net assets at the beginning of the year (October 1, 2010) per the financial statements to the net assets at the beginning year per the Form 5500:

	<u>2011</u>
Net assets beginning of year per the financial statements	\$ 20,588
Less:	
Transfer from Hourly Plan	<u>(20,588)</u>
Net assets beginning of year per Form 5500	<u><u>\$ -</u></u>

The following is a reconciliation of the transfers per the financial statements to the transfers of assets per the Form 5500 for the period October 1, 2010 to September 30, 2011:

	<u>2011</u>
Transfers per the financial statements	\$ -
Add:	
Transfer from Hourly Plan	<u>20,588</u>
Transfers of assets per the Form 5500	<u><u>\$ 20,588</u></u>

The transfer was recognized on September 30, 2010 for GAAP purposes and effective October 1, 2010 for Form 5500 reporting.

**GENERAL MOTORS PERSONAL RETIREMENT PLAN FOR HOURLY- RATE
EMPLOYEES IN THE UNITED STATES**

NOTES TO FINANCIAL STATEMENTS

Note 10. Subsequent Events

Subsequent events have been evaluated through December 20, 2012 which is the date these financial statements were available to be issued.

Cessation of Benefit Accruals and Plan Termination

Plan participants ceased earning Pay Credits effective January 2, 2012 in accordance with the amended Plan provisions.

All legally required communications and documentation regarding Plan termination were disseminated to participants and filed with the appropriate regulatory authorities. The Plan was terminated on June 30, 2012 at which time participant account balances became 100% vested. Participants with account balances of \$5,000 or less were provided mandatory lump sum distributions and could elect to receive their distributions in the form of either: 1) cash; 2) direct roll-over into the participant's 401 (k) account in The General Motors Personal Savings Plan for Hourly-Rate Employees in the United States or 3) direct roll-over into an individual retirement account or another eligible retirement plan. Account balances for participants that failed to elect the type of lump sum distribution were either automatically rolled over into a rollover IRA sponsored by Fidelity Investments (for account balances greater than \$1,000) or distributed in cash (for account balances less than or equal to \$1,000). Participants with account balances greater than \$5,000 were provided with an additional elective option which was the purchase of an annuity contract from an insurance company. If a participant with an account balance greater than \$5,000 made no affirmative election, the default form of distribution was the purchase of an annuity contract. Lump sum distributions to participants were substantially completed in October 2012. For participants that either elected or were defaulted to the annuity form of distribution, the Plan is in the process of finalizing its selection of the insurance company and consummating the purchase of a group annuity policy. Participants will continue to earn Interest Credits on their cash balance accounts up to the date the group annuity policy is purchased.

SUPPLEMENTAL SCHEDULES

**GENERAL MOTORS PERSONAL RETIREMENT PLAN FOR HOURLY- RATE
EMPLOYEES IN THE UNITED STATES**

SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS

EMPLOYER ID: 27-0383222

(HELD AT END OF YEAR)

PLAN NO.: 015

AS OF SEPTEMBER 30, 2011

(in thousands)

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, or Similar Party	Type of Investment	Cost	Current Value
	* Investment in General Motors Hourly-Rate Employees Pension Trust (25-6013833)	Common/Collective Trust	\$ 23,558	\$ 22,719

* Party-in-interest as defined by ERISA

GENERAL MOTORS PERSONAL RETIREMENT PLAN FOR HOURLY-RATE EMPLOYEES IN THE UNITED STATES

SCHEDULE H, PART IV, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED SEPTEMBER 30, 2011
(in thousands)

EMPLOYER ID: 27-0383222
PLAN NO.: 015

(a) Identity of Party Involved	(b) Description of Asset	Number of Transactions	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Assets on Transaction Date	(i) Net Gain (Loss)
Single transactions:							
State Street Bank and Trust Company	General Motors Hourly-Rate Employees Pension Trust (25-6013833)	1	\$ 24,052	\$ -	\$ -	24,052	\$ -
State Street Bank and Trust Company	General Motors Hourly-Rate Employees Pension Trust (25-6013833)	1	-	3,464	3,222	3,464	242
State Street Bank and Trust Company	General Motors Hourly-Rate Employees Pension Trust (25-6013833)	1	1,500	-	-	1,500	-
State Street Bank and Trust Company	General Motors Hourly-Rate Employees Pension Trust (25-6013833)	1	1,500	-	-	1,500	-
Series of transactions:							
State Street Bank and Trust Company	General Motors Hourly-Rate Employees Pension Trust (25-6013833)	3	27,052	-	-	27,052	-
State Street Bank and Trust Company	General Motors Hourly-Rate Employees Pension Trust (25-6013833)	49	-	3,738	3,494	3,738	244