

Summary Annual Report  
for  
LONG TERM DISABILITY PLAN

This is a summary of the annual report for the LONG TERM DISABILITY PLAN, (Employer Identification No. 23-0628360, Plan No. 502) for the period January 1, 2006 to December 31, 2006. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

P. H. Glatfelter Company has committed itself to pay the following types of claims incurred under the terms of the plan.

All Long Term Disability claims

YOUR RIGHTS TO ADDITIONAL INFORMATION

You have the right to receive a copy of the full annual report, or any part thereof, on request.

To obtain a copy of the full annual report, or any part thereof, write or call the office of the Plan Sponsor

P. H. Glatfelter Company  
Plan Sponsor - Benefits Department  
96 South George Street  
York, PA 17401  
23-0628360 (Employer Identification Number)  
717-225-4711

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. These portions of the report are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan:

P. H. Glatfelter Company  
Attention: Benefits Department  
96 South George Street  
York, PA 17401

and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: U.S. Department of Labor, Employee Benefits Security Administration, Public Disclosure Room, 200 Constitution Avenue, NW, Suite N-1513, Washington, D.C. 20210.

Summary Annual Report

for

LIFE, ACCIDENT & HEALTH INSURANCE PLAN

This is a summary of the annual report for the LIFE, ACCIDENT & HEALTH INSURANCE PLAN, (Employer Identification No. 23-0628360, Plan No. 501) for the period January 1, 2006 to December 31, 2006. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

P.H. Glatfelter Company has committed itself to pay the following types of claims incurred under the terms of the plan.

All Vision, AD & D, STD claims

Certain Health and Prescription Drug claims

INSURANCE INFORMATION

The plan has contracts with Keystone Health Plan Central, Prudential Insurance Company of America, Prudential Insurance Company of America, and Delta Dental of Pennsylvania to pay the following types of claims incurred under the terms of the plan.

All Dental and Life claims

Certain Health and Prescription Drug claims

The total premiums paid for the plan year beginning January 1, 2006 and ending December 31, 2006 were \$4,563,218.

YOUR RIGHTS TO ADDITIONAL INFORMATION

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. Insurance information including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the office of the Plan Sponsor

P.H. Glatfelter Company  
Plan Sponsor - Benefits Department  
96 South George Street  
York, PA 17401  
23-0628360 (Employer Identification Number)  
717-225-4711

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. These portions of the report are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan:

P.H. Glatfelter Company  
Attention: Benefits Department  
96 South George Street  
York, PA 17401

and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: U.S. Department of Labor, Employee Benefits Security Administration, Public Disclosure Room, 200 Constitution Avenue, NW, Suite N-1513, Washington, D.C. 20210.

Summary Annual Report  
for  
GROUP TRAVEL ACCIDENT INSURANCE PLAN

This is a summary of the annual report for the GROUP TRAVEL ACCIDENT INSURANCE PLAN, (Employer Identification No. 23-0628360, Plan No. 503) for the period January 1, 2006 to December 31, 2006. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

INSURANCE INFORMATION

The plan has a contract with Life Insurance Company of North America to pay the following types of claims incurred under the terms of the plan.

All Accidental death claims

The total premiums paid for the plan year beginning January 1, 2006 and ending December 31, 2006 were \$0.

YOUR RIGHTS TO ADDITIONAL INFORMATION

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. Insurance information including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the office of the Plan Sponsor

P. H. Glatfelter Company  
Plan Sponsor - Benefits Department  
96 South George Street  
York, PA 17401-1434  
23-0628360 (Employer Identification Number)  
717-225-4711

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of

that report. These portions of the report are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan:

P. H. Glatfelter Company  
Attention: Benefits Department  
96 South George Street  
York, PA 17401-1434

and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: U.S. Department of Labor, Employee Benefits Security Administration, Public Disclosure Room, 200 Constitution Avenue, NW, Suite N-1513, Washington, D.C. 20210.