

Alternative Reporting and Disclosure Statement

Top Hat Plan Exemption
Pension and Welfare Benefits Administration
Room N-5644
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, D.C. 20210

ABC Corporation hereby supplies the following information pursuant to Department of Labor Regulations Section 2520.104-23:

A. Name and Address of Employer:

ABC Corporation

B. Employer Identification Number: _____

C. ABC Corporation maintains the following plans for a select group of management or highly compensated employees:

1. [Name of Plan] _____
Number of Participants: _____

2. [Name of Plan] _____
Number of Participants _____

3. [Name of Plan] _____
Number of Participants _____

Very truly yours,

ABC Corporation

By _____

Title _____

