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H. A. THOMSON COMPANY - MUNICIPAL LINES

**STATEMENT REQUIRED BY
DEPARTMENT OF LABOR
REGULATION SECTION 2520.104-23**

1. Name and address of Employer and Plan Administrator:

H. A. Thomson Company - Municipal Lines
Suite 200
One East Uwchlan Avenue
P. O. Box 400
Exton, PA 19341

2. Employer Identification Number: 23-1695451

3. The Employer maintains a plan primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

4. Number of such plans: 1

5. Number of employees covered under the plan: 2 (as of July 27, 1994, the date of adoption of the Plan)

6. The Employer will provide documents to the Secretary upon request as required by Section 104(a)(1) of ERISA.

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**STRADLEY
RONON
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Gruccio, Pepper,
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James F. Podheiser
(215) 564-8111

August 9, 1994

CERTIFIED MAIL/RETURN RECEIPT REQUESTED
Receipt No. 147-686-670

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

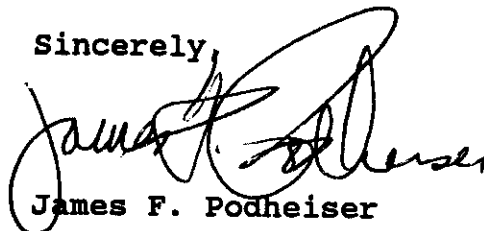
Re: H. A. Thomson Company - Municipal Lines

Dear Sir/Madam:

On behalf of the above-referenced employer and plan administrator, I enclose a "Top-Hat" Notice under 29 C.F.R. Section 2520.104-23.

Please date-stamp the enclosed copy of this letter and return it to the undersigned in the enclosed self-addressed envelope.

Sincerely,


James F. Podheiser

Enclosure

cc: Thomas P. Giangliulio, President (w/enclosure)

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