



Castle Metals®

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August 11, 1992

VIA CERTIFIED MAIL

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

1421

Re: A. M. Castle & Co.
Supplemental Pension Program


Dear Sir/Madam:

We are filing this statement with the Secretary of Labor on behalf of A. M. Castle & Co. (the "Employer") pursuant to the requirements of Department of Labor Regulation §2520.104-23.

The Employer presently maintains a pension plan for a select group of management or highly compensated employees (a "Top Hat Plan") as part of its Supplemental Pension Program.

Employer Name: A. M. Castle & Co.
EIN: 36-0879160
Number of Top Hat Plans: 2
Number of Employees and Former Employees
Presently Covered Under the Top Hat Plans: 5

We will be happy to provide the Secretary a copy of the Plan document, if so requested.

Respectfully submitted,

Thomas D. Prendergast
Vice President,
Human Resources

TDP:tmd

cc: Jerry M. Aufox



Date: August 26, 1992

MEMORANDUM FOR: BRIAN C. MCDONNELL
Director, Office of Program Planning,
Evaluation and Management

FROM: RONALD D. ALLEN *[Signature]*
Chief, Division of Reporting Compliance

SUBJECT: Qualification for Non-Filer Grace Period

The Division of Reporting Compliance has reviewed the non-filer grace period TOP HAT filing(s) below, as you requested, and has determined that they qualify for PWBA's non-filer grace period penalty and that the accompanying checks are for the correct penalty amount. Accordingly, you may deposit the following checks for the following DRC NF case #'s:

<u>CHECK NUMBER/</u>	
<u>FIRST NAME OF PLAN SPONSOR:</u>	<u>DRC-NF #:</u>
827115/ARMSTRONG	1419
280838/BRYAN	1420
0357500/CASTLE	1421
0145/SPRINGFIELD	1422
1714988/GEICO	1423
5003565/COASTAL	1424
063330/GRANITE	1425

Received from OPPEM by DRC on: 8/24/92

cc: Bob Muhawieh
Melvin Smith

REPORT

'92 AUG 24 10:45

NS 1421



Castle Metals®

A.M. Castle & Co.
3400 North Wolf Road
Franklin Park, Illinois 60131

*Fold at line over top of envelope
of the return address*

CERTIFIED

P 583 319 486

MAIL



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DIVISION OF
REPORTING COMPLIANCE

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