



U.S. DEPT. OF LABOR
OFFICE OF PENSION AND WELFARE ADMINISTRATION
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February 27, 2002

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

Re: **Southern Motor Carriers Rate Conference, Inc.
457(f) Deferred Compensation Plan (the "Plan")**

Dear Sir or Madam:

On behalf of the administrator of the above-named Plan, the undersigned submits this statement in compliance with ERISA Reg. §2520.104-23(b).

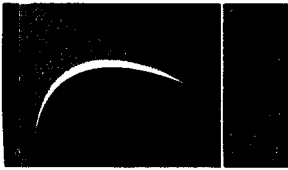
1. Name and Address of the Employer:

Southern Motor Carriers Rate Conference, Inc.
500 Westpark Drive, Suite 300
Peachtree City, GA 30269
2. Employer Identification Number: 58-0439170
3. The Employer maintains the Plan primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.
4. The number of employees in the Plan: 4

Please stamp the enclosed copy of the letter as "Received" and return it to me in the enclosed self-addressed envelope. Thank you for your consideration.

Very truly yours,

Joseph A. McClure
Secretary and
Assistant Treasurer



500 Westpark Drive
Suite 300
P O Box 2040
Peachtree City, GA 30269
Forwarding and Address
Correction Requested



87/4

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FIRST CLASS