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CERTIFIED MAIL-RETURN RECEIPT REQUESTED

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

2520032031981

Re: Alternative Reporting and Disclosure Statement

Dear Sir or Madam:

In compliance with the requirements of the alternative method of reporting and disclosure for unfunded plans for a select group of management or highly compensated employees pursuant to Part 1 of Title I of the Employee Retirement Income Security Act of 1974, as amended, and Department of Labor Regulation, 19 C.F.R. section 2520.104-23, the following information is provided:

Name of Employer:

Educational Credential Evaluators, Inc.
P.O. Box 92970
Milwaukee WI 53202-0970

Employer Identification Number:

39-1369113

Number of Unfunded Deferred Compensation Plans Maintained by Employer:

One

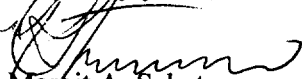
Number of Employees Covered in the Plan:

One

The employer adopted the plan for the purpose of providing deferred compensation for a select group of management or highly compensated employees. A copy of the plan will be provided to the Secretary of Labor upon request.

Please call me if you have any questions.

Very truly yours,



Margit A. Schatzman
Vice President

MAS/mas