

2520040150308

NOTIFICATION LETTER TO DEPARTMENT OF LABOR

TO: Office of Pension Welfare Benefit Programs  
SPD Pension and Welfare Benefits Administration  
U.S. Department of Labor

FROM: Employer: Insulation Installations, Inc.  
Employer Identification Number: 43-1471107  
Address: PO BOX 29729  
St. Louis, MO 63129  
Date: March 9, 1991

This document constitutes the statement required by 29 C.F.R. section 2520.104-23(a)(1) to be filed with the Secretary of Labor in respect to non-qualified deferred compensation plans maintained by the above employer.

The employer maintains a non-qualified deferred compensation plan for the following employee who is a member of a select group of management or who is highly compensated:

James E. Loseman

Signed: Christine Thornburgh  
CHRISTINE THORNBURGH

Title: President

Employer: Insulation Installations, Inc.