

March of Dimes  
Birth Defects Foundation  
National Office  
1275 Mamaroneck Avenue  
White Plains New York 10605  
Telephone 914 428 7100



2520040154399

March 19, 1996

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

Re: Supplemental Executive Retirement Agreement

Dear Sir:

Pursuant to the provisions of Department of Labor regulations at 29 Code of Federal Regulations, #2520 104-23, you are hereby notified that the employer named in item (1) below maintains a plan (as identified in item (2) below) primarily for the purpose of providing deferred compensation to a select group of management or highly compensated employees. Item (3) sets forth the number of participants in such plan as of the date of this letter.

Item (1): The name, address and employer identification number (EIN) of the employer maintaining the plan.

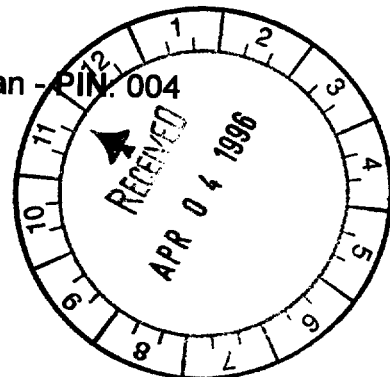
March of Dimes Birth Defects Foundation  
1275 Mamaroneck Avenue  
White Plains, NY 10605  
EIN: 13-1846366

Item (2): Name and Plan Identification Number (PIN) of each plan to which this notification applies.

Supplemental Executive Retirement Plan - PIN: 004

Item (3): Plan Census Information:  

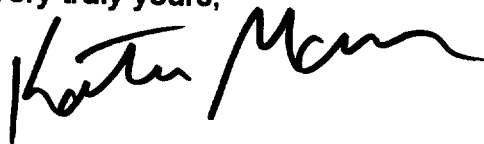
<u>Plan Number</u>	<u>Participants</u>
004	1



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Top Hat Plan Exemption  
Pension and Welfare Benefits Administration  
March 19, 1996

Kindly acknowledge receipt of this filing by signing and returning to the sender the copy of this letter enclosed herewith for acknowledgment purposes. A stamped, self-addressed envelope is enclosed for your convenience.

Very truly yours,



Kathryn Morrison  
Chief Financial Officer

KM/tc  
Enclosure

\_\_\_\_\_

Print Name

\_\_\_\_\_

Title

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**March of Dimes  
Birth Defects Foundation**  
National Office  
1275 Mamaroneck Avenue  
White Plains New York 10605  
Telephone 914 428 7100



**April 2, 1996**

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

**Re: Supplemental Executive Retirement Agreement**

**Dear Sir:**

**Please review the attached letter and sign that you received it. While a copy of the letter of March 19 was returned, it was not clearly marked that it had been received.**

**Thank you for your assistance.**

**Yours truly,**

**Kathryn Morrison  
Chief Financial Officer**

**KM/tc  
Enclosures**

