

2520040154598

STATEMENT TO REQUEST ALTERNATIVE METHOD  
OF FILING FOR DEFERRED BENEFIT TRUST

1. Employer: Hopewell Center, Inc.
2. Address: 5325 Main Street  
P.O.Box 3150  
Anderson, Indiana 46018
3. Employer Identification Number: 35-6068669

DECLARATION

Hopewell Center, Inc. ("Company") declares:

That it maintains a non-qualified, unfunded deferred compensation plan, in the form of a "top-hat" deferred compensation plan, for a select group of management or highly compensated employees.

That one such plan is maintained by the Company.

That there is presently one (1) executive eligible to participate under the plan.

KRIEG·DEVAULT·ALEXANDER  
& CAPEHART

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February 16, 1996

VIA CERTIFIED MAIL RETURN RECEIPT REQUESTED

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: Hopewell Center, Inc.  
5325 Main Street  
P.O. Box 3150  
Anderson, Indiana 46018  
E.I.N.: 35-6068669

Ladies and Gentlemen:

The enclosed statement constitutes a request to the Department that the above-named employer be permitted to use the alternative method of compliance with respect to its non-qualified supplemental benefit plan and related trust agreement.

Please review and file this statement in accordance with Department of Labor Regulation Section 2520.104-23. If you have any questions please contact the undersigned.

Sincerely,

  
Stephen D. Smith  
MAR 06 1996

SDS:crg

Enclosure

cc: Jane E. Ruff, Executive Director (w/encls.)  
SS-62089-1