

August 1, 1995

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

RECEIVED  
AUG 22 11 20 AM '95

In compliance with the requirements of the alternative method of reporting and disclosure under Part 1 of Title I of the Employee Retirement Income Security Act of 1974 for unfunded or insured pension plans for a select group of management or highly compensated employees, specified in Department of Labor Regulations, 29 C.F.R.2520.104-23, the following information is provided by the undersigned employer.

Name and Address  
of Employer

Invacare Corporation  
899 Cleveland Street  
Elyria, Ohio 44036

Employer Identification Number:

95-2680965

Invacare Corporation maintains this plan primarily for the purpose of providing deferred compensation to a select group of management or highly compensated employees.

Number of Plan(s):

1 Plan

Name of Plan(s):

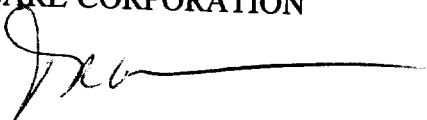
Supplemental Executive Retirement Plan

Participants in Plan:

7 Employees

INVACARE CORPORATION

By:



Title: Chief Financial Officer

cc: Nancy Viglione, Invacare Corporation