

ALTERNATIVE COMPLIANCE STATEMENT

CERTIFIED MAIL/RETURN RECEIPT REQUESTED

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

RECEIVED  
SEP 1 11 15  
U.S. DEPARTMENT OF LABOR

Dear Sir or Madam:

In compliance with the requirements of the alternative method of reporting and disclosure under Part I 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 the Department of Labor Regulations, 29 CFR 2520.104-23, the following information is provided by the undersigned employer.

Name and Address of Employer: CHIEF PONTIAC FEDERAL CREDIT UNION

Employer Identification Number: 38-1370954

CHIEF PONTIAC FEDERAL CREDIT UNION maintains a plan primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

Number of Plans and  
Participants in Each  
Plan:

1 - Plan covering:

JAMES G. HENMUELLER

Dated: Aug. 29, 1995

CHIEF PONTIAC FEDERAL CREDIT UNION

By Thomas J. Stuckman  
Its Chairman