

REPORTING AND DISCLOSURE STATEMENT

To the Secretary of Labor:

In order to comply with the requirements of the alternative reporting and disclosure method under ERISA, Title 1, Part 1, as provided for an unfunded or insured pension plan for a select group of management or highly compensated employees in D.O.L. Reg. § 2520.104-23, the following information is provided by the undersigned employer:

- (1) The name of the employer is Althans Insurance Agency, Inc.
- (2) The mailing address of the employer is 543 East Washington Street, Chagrin Falls, Ohio 44022.
- (3) The employer's federal employer identification number (EIN) is: 34-1192003.
- (4) The number of plans and the number of participants in each plan is two plans covering two employees.

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

The employer will provide a copy of the agreement to the Secretary of Labor upon request.

ALTHANS INSURANCE AGENCY, INC.

Dated: 1-30-93

By: Arthur Althans