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This Sample Top-Hat Statement is to be Used Solely as a Guide for the Tax-Exempt Employer's Attorney.

Name of Tax-Exempt Employer: The National Hemophilia Foundation

Address of Tax-Exempt Employer: 116 W 32 St, 11 Fl
New York, NY 10001

E.I.N.: 13-5641857

Top-Hat Statement

By Plan Administrator

National Hemophilia Foundation (the "Employer"), hereby declares that the purpose of the 457(b) Deferred Compensation Plan of Nat'l Hemophilia Found (the "Plan") is to provide deferred compensation primarily for a select group of management and highly compensated employees. The number of employees covered under the Plan is 2. In addition, the Employer, maintains 0 unfunded top-hat plans described in Department of Labor Regulation Section 2520.104-23(b). The number of employees covered under such plans is 0.

Date: 4-1-2003

By: [Signature]

Title: Director of Finance Administration
(On Behalf of the Plan Administrator)



NATIONAL HEMOPHILIA FOUNDATION

for all bleeding disorders

04/01/2003 10:13

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April 1, 2003

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

Re: National Hemophilia Foundation
EIN: 13-5641857

To Whom It May Concern:

Enclosed is the top-hat statement for our 457(b) Deferred Compensation Plan which is being filed within 120 days of adoption of the plan.

If you have any questions, please call me at 212-328-3700, ext.3723.

Sincerely,

Marie Cramer
Manager of Administration and Human Resources



NATIONAL HEMOPHILIA FOUNDATION
for all bleeding disorders

116 West 32nd Street - 11th Floor
New York, NY 10001



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