

2520040763347

Alternative Reporting And Disclosure Statement
For Nonqualified Deferred Compensation Plans

To: Top Hat Plan Exemption
Employee Benefits Security Administration
Room N 1513
U.S. Department of Labor
200 Constitution Ave. N.W.
Washington, DC 20210

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 un-funded or insured pension plans for a select group of management or highly compensated employees, specified in Department of Labor Regulations, 29 CFR Sec. 2520.104-23, the following information is provided by the undersigned administrator:

1. The name of the Employer is: Hood Packaging Corporation
2. The mailing address of the Employer is: 25 Woodgreen Place, Madison, MS 39110
3. The Employer Identification Number is: 36-2891497
4. The above named Employer maintains a Plan (or Plans) primarily for the purpose of providing deferred compensation benefits for a select group of management or highly compensated employees.
5. Number of Plans and Eligible Employees in each Plan:
One Plan(s) covering 21 Eligible Employees.
6. The Employer will provide a copy of the agreement(s) to the office of Pension and Welfare Benefit Program upon request.

Hood Packaging Corporation
A Mississippi Corporation

By: Rick Markell

Authorized Person

Dated: 1-21-04

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HOOD PACKAGING - DOC TELEPHONE
919-833-1042

D. Stevens

EXECUTIVE BENEFIT SERVICES

4140 PARK LAKE AVENUE STE 500 60

RALEIGH

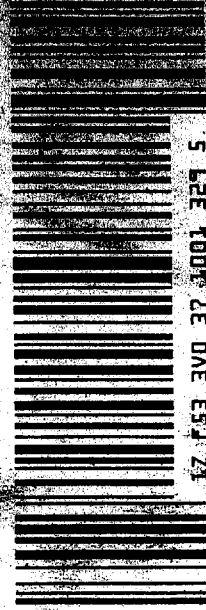
NC 27612

DELIVERY TO

TELEPHONE

US Dept. of Labor
Employee Benefits Security, Admin.
800 Constitution Ave, NW, Room N1513
Washington, DC

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