

2520040763645

ABCO FEDERAL CREDIT UNION
STATEMENT REQUIRED BY
DEPARTMENT OF LABOR
REGULATION SECTION 2520.104-23

1. Name and address of Employer and Plan Administrator:

ABCO Federal Credit Union
P. O. Box 503
Rancocas, NJ 08073
2. Employer Identification Number: 21-0744759
3. The Employer maintains a plan primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.
4. Number of such plans: 1
5. Number of employees covered under the plans: 1
6. The Employer will provide documents to the Secretary upon request as required by Section 104(a)(1) of ERISA.



Stradley Ronon Stevens & Young, LLP
2600 One Commerce Square
Philadelphia, PA 19103-7098
Telephone (215) 564-8000
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James F. Podheiser
(215) 564-8111
jpodheiser@stradley.com

March 25, 2004

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
7000 0600 0024 1690 7877

Top-Hat Plan Exemption
Employee Benefits Security Administration
Room N-5638
U.S. Department of Labor
200 Constitution Avenue, NW
Washington, DC 20210

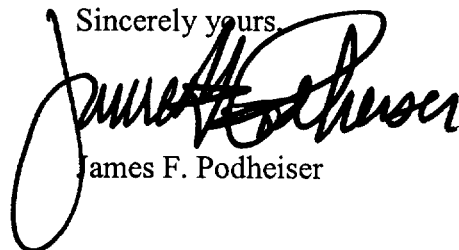
RE: ABCO Federal Credit Union

Dear Sir/Madam:

On behalf of the above-referenced employer and plan administrator, I enclose a "top-hat notice" under 29 CFR Section 2520.104-23.

Please contact the undersigned if you have any questions with respect to this matter.

Sincerely yours,



James F. Podheiser

Enclosure

cc: Ellen Kuiper, CEO (w/encl.)

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FOR TRACKING AND DELIVERY HISTORY



FIRST CLASS MAIL

JFP

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