

Alternative Reporting And Disclosure Statement
For Nonqualified Deferred Compensation Plans

2520040763744

To: U.S. Department of Labor
Pension and Welfare Benefit Administration
Room N 5638
200 Constitutional 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: Smithville Telephone Company, Inc.
2. The mailing address of the Employer is: 1600 W. Temperance Street, PO Box 729
Ellettsville, IN 47429
3. The Employer Identification Number is: 35-0666710
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 10 Eligible Employees.
6. The Employer will provide a copy of the agreement(s) to the office of Pension and Welfare Benefit Program upon request.

Smithville Telephone Company, Inc.
An Indiana Corporation

By: _____

Authorized Person

Dated: 6-13-03