

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

2520040764060

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: Southern Hospitality, Inc.
2. The mailing address of the Employer is: 3140 W. Britton Rd., Oklahoma City, OK 73120
3. The Employer Identification Number is: 73-1314290
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 14 Eligible Employees.
6. The Employer will provide a copy of the agreement(s) to the office of Pension and Welfare Benefit Program upon request.

Southern Hospitality, Inc.
An Oklahoma Corporation

By: 

Authorized Person

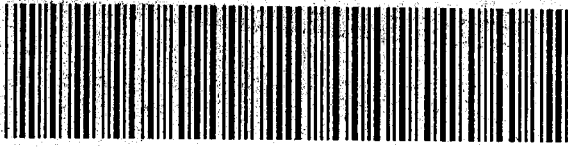
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<p>To (Company): Top Hat Plan Exemption Department of Labor 200 Constitution Ave. N.W. Room N 1513 Washington, DC, DC 20210 UNITED STATES</p> <p>Attention To: Employee Benefits Security Admin Phone #: 4057490115</p>	<p>Service: E</p> <p>Special Service:</p> <p>Route: DCAA 4X</p>
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From (Company):
 SOUTHERN HOSPITALITY
 STE A
 3140 W BRITTON RD
 OKLAHOMA CITY, OK 73120
 UNITED STATES

Sent By: Candace Adcock
 Phone #: 405-749-0115

Description: Excess Plan
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