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NOVEMBER 6, 2003

Top Hat Plan Exemption
Pension and Welfare Benefits Administration
Room N-5638
United States Department of Labor
200 Constitution Avenue, N.W.
Washington, D C 20210

Dear Sir or Madam:


In order to comply with the requirements of the alternative reporting and disclosure method under ERISA, Parts 1, Title 1, as provided for an unfunded plan for a select group of management or highly compensated employees in the D.O.L. Regulation 2520.104-23 the following information is provided:

1. The name of the employer is J N L Glass, Inc.
2. The mailing address is 417 Santa Barbara Street, Suite B-1, Santa Barbara, CA 93101
3. The employer's federal identification number (EIN) is 77-0527523
4. The number of plans and the number of participants in each plan is 1 plan covering 1 employee. The above named employer maintains this plan primarily for the purpose of providing deferred compensation benefits to a select group of management or highly compensated employees.

The employer will send a copy of all plan documents and agreements to the Secretary, upon request.

Respected submitted,

A handwritten signature in black ink that reads 'James Leslie'.
James Leslie, Secretary
J N L Glass, Inc.

 **Northwestern Mutual**
FINANCIAL NETWORK
Ronald J. Crimins, CLU
31255 Cedar Valley Dr
Suite 207
Westlake Village, CA 91362



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