



Vivien Rabin
HR Director

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03/27/03 11:23

June 24, 2003

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CERTIFIED MAIL/RETURN RECEIPT REQUESTED

Top Hat Plan Exemption
Pension and Welfare Benefits Administration
Room N-5644
U.S. Department of Labor
200 Constitution Avenue, NW
Washington, D.C. 20210

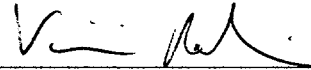
Dear Sir or Madam:

In accordance with the requirements of the alternative reporting and disclosure method under Part 1 of Title I of the Employee Retirement Income Security Act of 1974 for unfunded plans for a select group of management or highly compensated employees, specified in Department of Labor Regulations §2520.104-23, the following information is provided by the undersigned employer:

Name and Address of Employer:	Population Council, Inc. One Dag Hammarskjold Plaza New York, NY 10017
Employer Identification Number:	13-1687001
Number of Plans:	One
Number of Participants in Plan:	Three

The undersigned maintains the plans primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees of the undersigned.

POPULATION COUNCIL, INC.

By: 

Vivien Rabin

Title: Human Resources Director

HR /mV
Population Council
One Dag Hammarskjöld Plaza
New York, New York 10017

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*Certified

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PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL™



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