

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

2520040764351

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: Delta Dental Plan of Iowa
2. The mailing address of the Employer is: 2401 S.E. Tones Drive, Suite 13
Ankeny, IA 50021
3. The Employer Identification Number is: 42-0959302
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:
Two Plan(s) covering 16 Eligible Employees.
6. The Employer will provide a copy of the agreement(s) to the office of Pension and Welfare Benefit Program upon request.

Delta Dental Plan of Iowa
An Iowa Corporation

By: Tamera K. Robinson
Authorized Person

Dated: 6/23/03



Delta Dental Plan of Iowa

2401 S.E. Tones Dr., Suite 13
Ankeny, IA 50021

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