

250040764364

STATEMENT PURSUANT TO
DOL REGULATION §2520.104-23

Overbrook School for the Blind hereby files the following statement under Department of Labor Regulation Section 2520.104-23 with respect to the unfunded plan maintained by it primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees, as follows:

Name and Address of Employer: Overbrook School for the Blind
6333 Malvern Drive
Philadelphia, PA 19151

Employer Identification Number: 23-1445631

Declaration: Overbrook School for the Blind has established the Plan for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

Number of Plans Covered by this Statement: 1

Number of Employees or Former Employees Covered by the Plan: 2

Overbrook School for the Blind

By: Sarah S. Hechler

DEPT. OF LABOR
JUN 27 2 57 PM '03

Law Offices

One Logan Square
18TH and Cherry Streets
Philadelphia, PA
19103-6996
215-988-2700
215-988-2757 fax
www.drinkerbiddle.com

NEW YORK
WASHINGTON
LOS ANGELES
SAN FRANCISCO
PRINCETON
FLORHAM PARK
BERWYN
WILMINGTON

June 27, 2003

Top Hat Plan Exemption
Employee Benefits Security Administration
Room N-5644
U.S. Department of Labor
200 Constitution Avenue N.W.
Washington, DC 20210

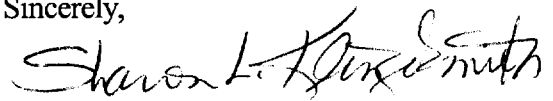
RE: Statement Pursuant to DOL Regulation §2520.104-23

Dear Sir or Madam:

Enclosed is the statement pursuant to 29 C.F.R. §2520.104-23 with respect to the Overbrook School for the Blind Eligible Deferred Compensation Plan, a deferred compensation plan (the "Plan") entered into by Overbrook School for the Blind (EIN: 23-1445631) for certain of its key employees. The Plan will be provided at the request of the Secretary of Labor, as required by section 104(a)(1) of the Employee Retirement Income Security Act of 1974, as amended.

We would appreciate your date-stamping and marking "Received" the enclosed copy of this transmittal letter and then returning it to us, for our records, in the enclosed stamped, self-addressed envelope.

Sincerely,



Sharon L. Klingelsmith

SLK/cj
Enclosure

CERTIFIED MAIL NO. 7002 3150 0002 0300 2759
RETURN RECEIPT REQUESTED

FIRST CLASS MAIL

From SILKLINGELSMITH
DrinkerBiddle&Reath
One Logan Square
18th & Cherry Streets
Philadelphia, PA 19103-6996

Top Hat Plan Exemption
Employee Benefits Security Administration
Room N-5644
U.S. Department of Labor
200 Constitution Avenue N.W.
Washington, DC 20210

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™



7002 3150 0002 0300 2759

