

Amy R. Kirschbaum  
Phone: (860) 251-5610  
Fax: (860) 251-5899  
akirschbaum@goodwin.com

2520040764467

July 18, 2003

*Via 2<sup>nd</sup> Day Delivery*

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: Top Hat Filing

Dear Sir or Madam:


Pursuant to Department of Labor Regulation Section 2520.104-23, this filing is being made with respect to the Connecticut Humane Society 457(b) Plan and the Connecticut Humane Society 457(f) Plan (the "Plans") and is intended to satisfy the alternative method of compliance with the reporting and disclosure requirements of Part 1 of Title I of the Employee Retiree Income Security Act of 1974 (ERISA), as provided in such Regulation. Each of these Plans is a top hat plan maintained by the Connecticut Humane Society (the "Employer"). The Employer's address and employer identification number are as follows:

Connecticut Humane Society  
701 Russell Road  
Newington, CT 06111-1593  
Employer Identification Number: 06-0667605

These Plans are maintained primarily for the purpose of providing deferred compensation to a select group of management or highly compensated employees. Each Plan currently covers one (1) employee.

Please contact me if you have any questions.

Very truly yours,

  
Amy R. Kirschbaum

cc: Richard Johnston, Connecticut Humane Society  
280914v5  
Hartford

Stamford

Lakeville

Boston

824  
1000

**FedEx** USA Airbill  
Express

Tracking Number: **8317 0001**  
Date: **7/18/03**

FedEx  
emp: 483375 18JUL03  
FORM 9215  
TRK# **8317 0001 4100**

BP442  
TUE  
Deliver By: **22 JUL 03**  
A2

1 From This portion can be removed for Recipient's records  
Date: **7/18/03** FedEx Tracking Number: **831700014**

Sender's Name: **Amy R. Kirschbaum** Phone: **850 251**

Company: **SHIPMAN & BOWEN LLP**

Address: **1 AMERICAN RIVER STE A**

City: **HARTFORD** State: **CT** Zip: **06103**

2 Your Internal Billing Reference: **12505-142**

3 To Recipient's Name: **Top Hat Plan Exemption**

Company: **Employee Benefits Security Administration**

Address: **U.S. Department of Labor**

**200 Constitution Avenue, N.W.**

City: **Washington** State: **DC** Zip: **20210**

4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60  
61  
62  
63  
64  
65  
66  
67  
68  
69  
70  
71  
72  
73  
74  
75  
76  
77  
78  
79  
80  
81  
82  
83  
84  
85  
86  
87  
88  
89  
90  
91  
92  
93  
94  
95  
96  
97  
98  
99  
100



IAD  
SA NHKA  
20210 -DC-US

447



The World On Time

WORLD

091