

2520040184633

TOP HAT PLAN EXEMPTION STATEMENT

1. EMPLOYER: Monroe Shine & Co., Inc.
2. ADDRESS: P. O. Box 1407
New Albany, Indiana 47151-1407
3. EMPLOYER IDENTIFICATION NUMBER 35-1515068
4. The employer maintains one or more plans primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.
5.

<u>Plan Name</u>	<u>Number of Employees Covered</u>
<u>Contract of Employment</u>	<u>10</u>
6. Upon request, a copy of the plan document will be furnished to the Department of Labor.

Monroe Shine & Co., Inc.

By: W. M. Larkin
W. M. Larkin
President

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Monroe Shine & Co., Inc.
MONROE SHINE & CO., INC.
CERTIFIED PUBLIC ACCOUNTANTS

P.O. Box 1407, 222 E. Market St., New Albany, IN 47150
812•945•2311 FAX 812•945•2603

December 31, 1992

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Division of Reporting Compliance
Pension and Welfare Benefits Administration
P.O. Box 75212
Washington, D.C. 20013-5212

Re: Monroe Shine & Co., Inc.

Monroe Shine & Co., Inc. maintains a "top hat" plan for the benefit of select highly compensated management employees.

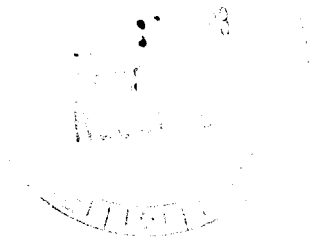
Monroe Shine & Co., Inc. desires to take advantage of the Department of Labor's amnesty program for late and un-filed "top hat" plan exemption statements. The following items are enclosed herewith:

1. TOP HAT PLAN EXEMPTION STATEMENT, in compliance with Department of Labor Regulation Section 2520.104-23.
2. Check for \$1,000 payable to the U.S. DEPARTMENT OF LABOR.

Sincerely,

Monroe Shine & Co., Inc.

By *W. M. Larkin*
W. M. Larkin
President



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