

July 2, 1997

Office of Employee Benefits Security
Labor Management Services Administration
United States Department of Labor
Washington, D.C. 20216

To the Secretary of Labor:

To comply with the requirements of the alternative reporting and disclosure method under ERISA Sec. 110 applicable to unfunded or insured welfare benefit plans for a select group of management or highly compensated employees, as set forth in CFR Sec. 2520.104.24, the following information is provided by the undersigned plan administrator:

1. The name of the employer is: Illini Pella, Inc.
2. The mailing address of the employer is: 2614 N. Mattis Avenue
P.O. Box 3005
Champaign, Illinois 61826-3005
3. The employer identification number (EIN) of the employer is: 37-1145331.
4. The number of plans is 1 and the number of participants in the plan is 1.

The above-named employer maintains this plan primarily for the purpose of providing death benefits to a select group of management or highly compensated employees. The employer will provide a copy of the plan agreement to the Secretary of Labor upon request.

By: Michael T. Dray
President

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HINSHAW & CULBERTSON

1802 FOX DRIVE
CHAMPAIGN, ILLINOIS 61820



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