

2520042391740

TOP HAT PLAN STATEMENT

Pursuant to 29 C.F.R. § 2520.104-23, the undersigned employer makes the following statement:

1. Employer Name and Address:

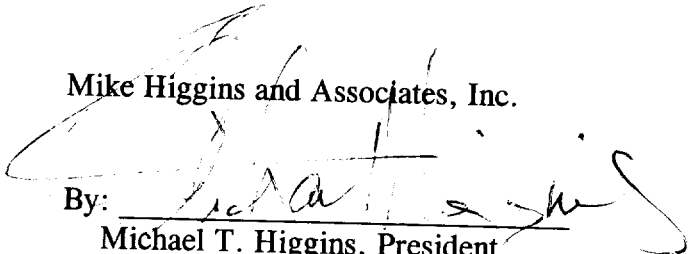
Mike Higgins and Associates, Inc.
201 North 8th Street, Suite 236
Lincoln, Nebraska 68508

2. Employer Identification No.: 47-0661217

3. The Employer maintains a plan or plans primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees..

4. The number of plans that the employer maintains is one and the number of employees participating in the plan is one.

Mike Higgins and Associates, Inc.

By: 
Michael T. Higgins, President



MIKE HIGGINS & ASSOCIATES, INC.

201 North 8th, Suite 236 • Lincoln, Nebraska 68508 • 402-476-1812

April 6, 1999

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Top Hat Plan Exemption
Pension and Welfare Benefits Administration
Room N-5644
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, D.C. 20210

RE: Employer: Mike Higgins and Associates, Inc.
Employer Identification No.: 47-0661217

Dear Sir or Madam:

We enclose for filing the Top Hat Plan Statement for the employer described above. Please contact me between the hours of 8:00 a.m. and 5:00 p.m., Central Time, if you wish to discuss this or need further information.

Sincerely,

Michael T. Higgins, President

MTH:imp

Enclosure: Top Hat Plan Statement

cc: Michael C. Mueller (w/enc)

Fold at line over top of envelope to
the right of the return address

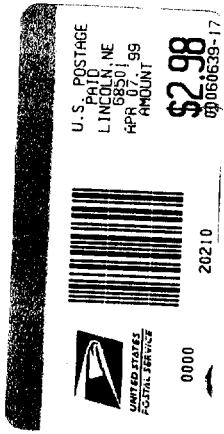
CERTIFIED

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MAIL

MIKE HIGGINS & ASSOCIATES, INC.

201 North 8th, Suite 236 • Lincoln, Nebraska 68508 • 4



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