

2520043384872

November 3, 2004

Certified Mail
Return Receipt Requested

Welfare Benefit Plan Exemption
Pension and Welfare Benefits Administration
Room N-5644
United States Department of Labor
200 Constitution Avenue NW.
Washington, DC 20210

To the Secretary of Labor:

To comply with the requirements of the alternative reporting and disclosure method under ERISA § 110 applicable to unfunded or insured welfare benefit plans for a select group of management or highly compensated employees, as set forth in 26 CFR §2520.104-24, the following information is provided by the undersigned plan administrator:

1. The name of the employer is: **J.T. MAURO CO., INC.**
2. The mailing address of the employer is: **84 Humboldt Street, Rochester, New York 14609**
3. The employer identification number (EIN) of the employer is: 16-1040853.
4. The plan name and number of employees participating in each plan is:

<u>Plan Name</u>	<u>Number of Participants</u>
Sick Pay Plan	3
Nonqualified Deferred Compensation Plan #1	2
Nonqualified Deferred Compensation Plan #2	1

5. The Employer will provide a copy of the plan agreements to the Secretary of Labor upon request.

The above-named employer maintains these plans primarily for the purpose of providing death benefits and disability pay to a select group of management or highly compensated employees.

By: 
Gary M. Mauro, President

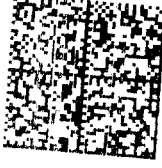
CERTIFIED MAIL™



7003 1680 0005 2425 2766

Adman, P.C.

LAW



UNITED STATES POSTAGE

02 1P

\$ 04.42⁰⁰

0002342205 DEC 23 2004
MAILED FROM ZIP CODE 14450



**RETURN RECEIPT
REQUESTED**

Welfare Benefit Plan Exemption
Pension and Welfare Benefits Administration
Room N-5644
United States Department of Labor
200 Constitution Avenue, NW
Washington, DC 20210

