

2520043385251

This is a sample document only. Its legal and tax consequences must be reviewed and approved by a client's own legal and tax counsel. This document has been furnished courtesy of American United Life Insurance Company.

NOTE: This statement must be filed within 120 days after the plan is adopted [D.O.L. Reg. Sec. 2520.104-23(b)(2)]. If the employer fails to comply with this requirement, the plan must distribute and file a Summary Plan Description and meet other applicable reporting and disclosure requirements. The statement should be mailed to:

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

ERISA REPORTING AND DISCLOSURE STATEMENT

To the Secretary of Labor:

In order to comply with the requirements of the alternative reporting and disclosure method under ERISA, Title I, Part 1, as provided for an unfunded or insured pension plan for a select group of management or highly compensated employees in D.O.L. Reg. Sec. 2520.104-23, the following information is provided by the undersigned plan administrator:

The name of the employer is: Faith Academy

The employer's mailing address is: 8450 Tanner Williams Rd. Mobile, AL 36688

The employer's federal identification number (EIN) is: 58-1898405

The plans of employer and the number of participants covered in each plan is:
Faith Academy, 1-1-05, 1 (Tommy Knight)
(specify plan, effective date and number of employees covered)

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

Faith Academy
(Name of Employer)
By: John Timothy Skelton, Hermitage Date: 11/2/05
Authorized Representative

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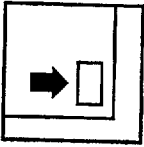


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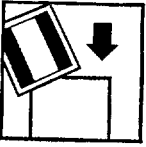
HOW TO USE:



1. COMPLETE ADDRESS LABEL AREA
Type or print required return address and addressee information in customer block (white area) or on label (if provided).



2. PAYMENT METHOD
Affix postage or meter strip to area indicated in upper right hand corner.



3. ATTACH LABEL (if provided)
Remove label backing and adhere over customer address block area (white area).

Label 228 September 2001

From *James E. Co.*
5804 GREENTREE
MOBILE, AL 36609

PRIORITY MAIL
 UNITED STATES POSTAL SERVICE

TO: *Top Hat Plan Exemption*
Pension & Welfare Benefits
Room N. 5644
U.S. Department of Labor
200 Constitution Ave. NW
Washington, DC 20010

www.usps.com

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