

2520005096417

H. R. MURRAY
TREASURER
(312) 819-8500

AMSTED INDUSTRIES

INCORPORATED

TELECOPIER
(312) 819-8494

G. D. MARSCH
ASSISTANT TREASURER
(312) 819-8490

J. D. PRICE
ASSISTANT TREASURER
(312) 819-8510

44TH FLOOR - BOULEVARD TOWERS SOUTH
205 NORTH MICHIGAN AVENUE • CHICAGO, ILLINOIS • 60601

CERTIFIED MAIL

September 28, 1992

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

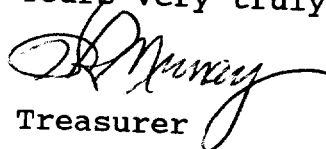
9374

Dear Sir or Madam:

Enclosed, please find the required registration statement for the AMSTED Industries Incorporated Supplementary Retirement Benefit Plan for Salaried Employees, an AMSTED Top Hat Plan. Also enclosed you will find AMSTED Industries check #135990, dated today, in the amount of \$1,000 to cover the late filing penalty in accordance with the current PWBA amnesty program.

If you have any questions or require additional information regarding the attached, please do not hesitate to contact Shelly Bender, AMSTED Benefits Administration Analyst, at (312) 819-8497 between 8:00 a.m. and 4:30 p.m.

Yours very truly,


Treasurer

MAB/jp
Enclosure

WP

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44TH FLOOR - BOULEVARD TOWERS SOUTH
205 NORTH MICHIGAN AVENUE · CHICAGO, ILLINOIS · 60601

September 24, 1992

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

Dear Sir or Madam:

AMSTED Industries Incorporated maintains an employee benefit plan that is primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees. The following information is provided with respect to this plan:

Employer:

AMSTED Industries Incorporated
44th Floor - Boulevard Towers South
205 North Michigan Avenue
Chicago, IL 60601
(312) 819-8500

Employer Identification
Number:

36-0730380

Number of Plans:

██████████ ONE

Name of Plan:

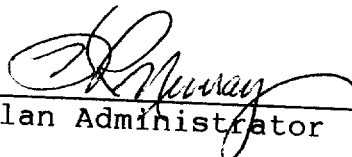
AMSTED Industries Incorporated
Supplementary Retirement Benefit
Plan for Salaried Employees

Number of Employees in
the Plan:

██████████ 2

This statement is provided pursuant to Department of Labor Regulation S2520.104-23 and is intended to satisfy the alternative reporting and disclosure requirements of Part 1 of Title I of ERISA, as provided in such Regulation.

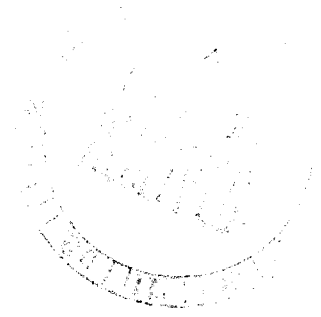
Yours very truly,



Plan Administrator

Amsted
INDUSTRIES

9374



AMSTED INDUSTRIES

INCORPORATED

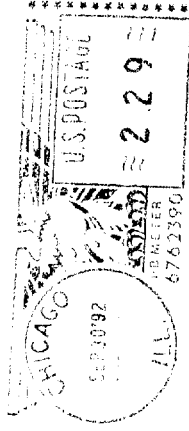
44TH FLOOR • BOULEVARD TOWERS SOUTH
205 NORTH MICHIGAN AVENUE • CHICAGO, ILLINOIS • 60601

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

CERTIFIED

P 697 645 246

MAIL



CERTIFIED MAIL

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

[Handwritten signature]

LO 8011W

**RETURN RECEIPT
REQUESTED**