

March 14, 2005

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

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

Re: Deferral Program Under the Sanofi Pasteur Inc. (formerly Aventis Pasteur Inc.) 2005 Voluntary Deferred Compensation Plan (the "Plan")

Dear Sir or Madam:

Sanofi Pasteur Inc. (the "Employer") hereby submits the following information with respect to the above referenced plan pursuant to Department of Labor Regulations 2520.104-23.

Name of Employer: Sanofi Pasteur Inc.

Address of Employer: Sanofi Pasteur Inc.
Discovery Drive
Swiftwater, PA 18370

Employer Identification Number: 98-0033013

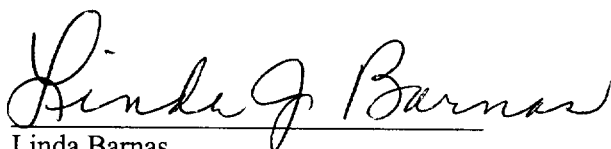
Declaration: The Plan is maintained primarily for the purpose of providing deferred compensation to a select group of management and highly compensated employees.

Number of Plans of Deferred Compensation: The Employer maintains this Plan and four other plans.

Number of Participants in the Plan: The Plan has 38 participants.

The Employer will provide a copy of the Plan document to the Department of Labor upon request.

Respectfully submitted,

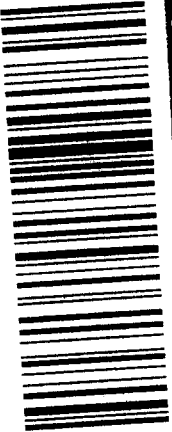


Linda Barnas
Sanofi Pasteur Inc.
Senior Director, Compensation, Benefits and HRIS



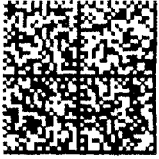
Aventis Pasteur Inc.
Discovery Drive
Swiftwater PA 18370

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CERTIFIED MAIL™
PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**RETURN RECEIPT
REQUESTED**



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MAILED FROM ZIP CODE 18370

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Administration
Employee Benefits Security
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Washington, D.C. 20210

