

To The Secretary of Labor:

In compliance with the requirements of the alternative method of reporting and disclosure under Part I of Title I of the Employee Retirement Income Security Act of 1974 for unfunded or insured pension plans for a select group of management or highly compensated employees, specified in Department of Labor Regulations, 29 CFR § 2520.104-23, the following information is provided by the undersigned administrator:

- (1) The name of the employer is: **Insurance Consultants of Central Florida, Inc.**
- (2) The mailing address of the employer is: **227 South Orlando Ave., Suite A-1
Winter Park, Florida 32789**
- (3) The Employer Identification Number is: **59-3047390**
- (4) The above-named employer maintains a plan (or plans) primarily for the purpose of providing deferred compensation benefits for a select group of management or highly compensated employees.
- (5) Number of Plans and Participants in each plan: 1 plan covering 1 employee (or _____ plans covering _____ employees, respectively.)
- (6) The employer will provide a copy of the agreement(s) to the Secretary of Labor upon request.

Insurance Consultants of Central Florida, Inc.

(Name of Employer)

By _____

Plan Administrator

Dated 4/4, 2005.

(Note: This statement must be filed within 120 days after the plan is adopted. DOL Regulations 29 CFR § 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: U.S. Department of Labor, Pension and Welfare Benefit Administration, Room N5638, 200 Constitutional Ave., N.W., Washington, DC 20210.)



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U.S. Department of Labor

Pension & Welfare Benefit

To:

Administration

Room N5638

200 Constitutional Avenue, NW

Washington, DC 20210