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**Morgan, Lewis
& Bockius LLP**
C O U N S E L O R S A T L A W

January 26, 2001

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

Re: National League for Nursing Deferred Compensation Plan

Dear Sir/Madam:

On behalf of the National League for Nursing, Inc., (the "Employer"), we are hereby submitting the following information with respect to the above referenced Plan pursuant to DOL Reg. §2520.104-23:

1. The name and address of the sponsoring employer is:

National League for Nursing, Inc.
61 Broadway
New York, New York 10006
2. The Employer's Employer Identification Number is: 13-1896510
3. The Plan is maintained primarily for the purpose of providing deferred compensation to a select group of management and highly compensated employees.
4. The Employer maintains one such plan and the Plan has one participant.

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5. The Employer will provide a copy of relevant documents to the Department of Labor upon request.

Very truly yours,



Boyd J. Brown, II

