

2520005099398

STATEMENT REQUIRED TO BE FILED PER LABOR REGULATIONS SECTION  
2520.104-23 (b):

- 1) Name and address of employer: Furnitureland South, Inc.  
P.O. Box 1550  
Jamestown, NC 27282-1550
- 2) Employer identification number: 56-0958180
- 3) Furnitureland South, Inc. hereby declares that it has established as of October 31, 1994, and now maintains a split dollar insurance plan primarily for the purpose of providing deferred compensation for a select group of management.
- 4) Furnitureland South, Inc. maintains only one such "top hat" plan.
- 5) The plan covers 2 employees.

DOL-PWBA  
PUBLIC DISCLOSURE  
95 JUN 23 AM 10:21