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12 December 1994

Office of Employee Benefits Security  
Labor-Management Services Administration  
U.S. Department of Labor  
Washington, D.C. 20216

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OFFICE OF EMPLOYEE BENEFITS SECURITY

RE: Chinen & Arinaga Financial Group, Inc.

To the Secretary of Labor:

In order to comply with the requirements of the alternative reporting and disclosure method under ERISA, Title I, Part 1, as provided for an unfunded or insured pension plan for a select group of management or highly compensated employees in DOL Reg. section 2520.104-23, the following information is provided by the undersigned plan administrator:

(1) Name of the employer is:

Chinen & Arinaga Financial Group, Inc.

(2) Mailing address of the employer is:

95-202 Na'aualii Place  
Mililani, Hawaii 96789

(3) Employer's federal employer identification number is:

99-0293087

(4) Employer has adopted one plan covering a select group of managerial and highly compensated employees, presently consisting of 2 employees. The employer maintains this plan primarily for the purpose of providing deferred compensation to management and other highly compensated employees. The employer will provide a copy of the agreement to the Secretary of Labor upon request.

Chinen & Arinaga Financial Group, Inc.  
(Name of Agency)

By: [Signature]  
(Signature of Principal)