

**NCPD FEDERAL CREDIT UNION**  
**STATEMENT REQUIRED BY**  
**DEPARTMENT OF LABOR**  
**REGULATION SECTION 2520.104-23**

1. Name and address of Employer and Plan Administrator:

NCPD Federal Credit Union  
1490 Franklin Street  
Mineola, NY 11501

2520052092246

2. Employer Identification Number: 11-1644017
3. The Employer maintains a plan primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.
4. Number of such plans: 1
5. Number of employees covered under each plan: 1
6. The Employer will provide documents to the Secretary upon request as required by Section 104(a)(1) of ERISA.



Stradley Ronon Stevens & Young, LLP  
2600 One Commerce Square  
Philadelphia, PA 19103-7098  
Telephone (215) 564-8000  
Fax (215) 564-8120  
U.S. DEPT. OF LABOR  
FIRBA/PUBLIC DISCLOSURE  
01 JUL 25 PM 1:55

James F. Podheiser  
(215) 564-8111  
jpodheiser@stradley.com

July 17, 2001

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED  
7000 0600 0024 5389 7254

Top-Hat Plan Exemption  
Pension & Welfare Benefits Administration  
Room N-5638  
U.S. Department of Labor  
200 Constitution Avenue, NW  
Washington, DC 20210

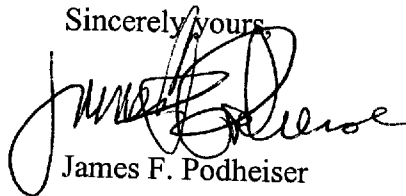
RE: NCPD Federal Credit Union

Dear Sir/Madam:

On behalf of the above-referenced employer and plan administrator, I enclose a "top-hat notice" under 29 CFR Section 2520.104-23.

Please date-stamp the enclosed copy of this letter and return it to the undersigned in the enclosed self-addressed envelope.

Sincerely yours,



James F. Podheiser

/mat

Enclosures

cc: Capt. John Hunter  
450720

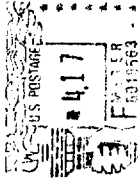
**CERTIFIED MAIL**

**STRADLEY  
RONON**  
ATTORNEYS AT LAW  
JFP

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