

2520032065591

SPECIMEN ERISA
LABOR DEPARTMENT STATEMENT

To: Office of Pension and Welfare Benefit Programs
Labor Management-Services Administration
U.S. Department of Labor
Washington, D.C. 20216

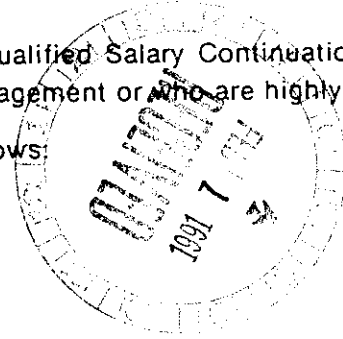
From: Employer: Sheboygan Area Credit Union
Employer Identification Number: 39-0931439
Address: PO Box 1250, 1707 Indiana Avenue
Sheboygan, WI 53081-1250
1-21-1991

This document constitutes the statement required by 29 C.F.R. §2520.104-23(a)(1) to be filed with the Secretary of Labor in respect to Nonqualified Deferred Compensation Plans maintained by the above employer.

The employer currently maintains 1 Nonqualified Salary Continuation Plan(s) for executives who are members of a select group of management or who are highly compensated.

The number of participants in each plan is as follows:

Plan 1 1
Plan 2 _____
Plan 3 _____



signed

Plan Administrator Bernarda Schmitt

Title: Chr. of Bd of Dir. of

Employer: Sheboygan Area Credit Union