

**Alternative Reporting And Disclosure Statement  
For Nonqualified Deferred Compensation Plans**

To: Top Hat Plan Exemption  
Employee Benefits Security Administration  
Room N 1513  
U.S. Department of Labor  
200 Constitution Ave. N.W.  
Washington, DC 20210

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In compliance with the requirements of the alternative method of reporting and disclosure under Part I of Title I of the Employee Retirement Income Security Act of 1974 for un-funded or insured pension plans for a select group of management or highly compensated employees, specified in Department of Labor Regulations, 29 CFR Sec. 2520.104-23, the following information is provided by the undersigned administrator:

1. The name of the Employer is: **Delta Dental of New Jersey, Inc.**
2. The mailing address of the Employer is: **1639 Route 10  
Parsippany, NJ 07054**
3. The Employer Identification Number is: **22-1896118**
4. The above named Employer maintains a Plan (or Plans) primarily for the purpose of providing deferred compensation benefits for a select group of management or highly compensated employees.
5. Number of Plans and Eligible Employees in each Plan:  
**One Plan covering 20 Eligible Employees 15 Independent Contractors.**
6. The Employer will provide a copy of the agreement(s) to the office of Pension and Welfare Benefit Program upon request.

Delta Dental of New Jersey, Inc.  
A New Jersey Organization

By: [Signature]  
Authorized Person

Dated: NOVEMBER 28, 2005



The Department of Labor, Inc.

**Kathleen Fennell HR**  
ADDRESS SERVICE REQUESTED



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MAILED FROM ZIP CODE 07054



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**200 Constitution Avenue NW**  
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