

February 16, 2006

Top Hat Plan Exemption
Pension and Welfare Benefits Administration
Room N-5638
United States Department of Labor
200 Constitution Avenue, N.W.
Washington, D C 20210

Dear Sir or Madam:

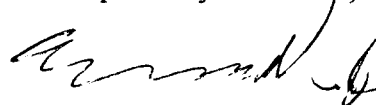
In order to comply with the requirements of the alternative reporting and disclosure method under ERISA, Parts 1, Title 1, as provided for an unfunded plan for a select group of management or highly compensated employees in the D.O.L. Regulation 2520.104-23 the following information is provided:

1. The name of the employer is: **The Warren Group Inc.**
2. The mailing address of the employer is: **280 Summer Street, Boston, MA 02210**
3. The employer's federal identification number (EIN) is: **04-2216283**
4. The number of plans and the number of participants in each plan is:
One (1) plan covering two (2) employees.

The above named employer maintains this plan primarily for the purpose of providing deferred compensation benefits to a select group of management or highly compensated employees.

The employer will send a copy of all plan documents and agreements to the Secretary, upon request.

Respectfully submitted,

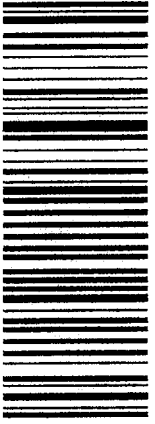


Timothy M. Warren, Jr.
Chief Executive Officer

**THE
WARREN
GROUP** Since 1872

Real Estate & Financial Information

280 Summer Street
Boston MA 02210-1131



7002 2030 0002 2435 8736

**RETURN RECEIPT
REQUESTED**



Top Hat Plan Exemption
Pension and Welfare Benefits Administration
Room N-5638
United States Department of Labor
200 Constitution Avenue, N.W.
Washington, D C 20210

