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**THE COLLEGE OF SAINT ROSE
TOP HAT EXEMPTION STATEMENT**

U.S. DEPT. OF LABOR
EMPLOYEE BENEFITS SECURITY AGENCY
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I. EMPLOYER INFORMATION

1. **Name:** THE COLLEGE OF SAINT ROSE
2. **Address:** Attention: Vice President for Finance and Administration
432 Western Avenue
Albany NY 12203
3. **EIN:** 14-1338371

II. STATEMENT

The Employer maintains a plan primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees. The plan covers one (1) employee. Upon request, the Employer will furnish a copy of the plan to the Department of Labor.

To be filed with:

Top Hat Plan Exemption
Employee Benefits Security Agency
Room N-5644
U.S. Department of Labor
200 Constitution Avenue, NW
Washington, DC 20210

John W. Clark, Esq.
Bergel, DuCharme & Harp, LLP
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