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Morgan Lewis
 C O U N S E L O R S A T L A W

Eugene M. Holmes
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December 29, 2006

**BY CERTIFIED MAIL
 RETURN RECEIPT REQUESTED**

Top Hat Plan Exemption
 Employee Benefits Security Administration
 Room N-5644
 U.S. Department of Labor
 200 Constitution Avenue, N.W.
 Washington, D.C. 20210

07 JAN -4 AM 9:28

Re: Executive Supplemental Compensation and Transition Benefit Allowance (the "Program")

Dear Sir or Madam:

On behalf of the American Psychological Association (the "Employer") we are hereby submitting the following information with respect to the above referenced program pursuant to Department of Labor Regulations section 2520.104-23.

Name of Employer: American Psychological Association

Address of Employer: 750 1st Street, NE
 Washington, DC 20002-4241

Employer Identification Number: 53-0205890

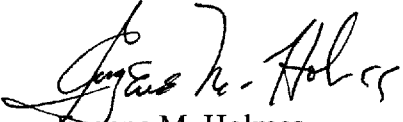
Number of Deferred Compensation Programs and Number of Employees: The Employer entered into one deferred compensation program, which currently covers 13 employees.

Declaration: The Program is maintained primarily for the purposed of providing deferred compensation to a select group of management and highly compensated employees.

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The Employer will provide documentation concerning the Program to the Department of Labor upon request.

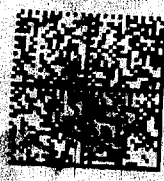
Respectfully submitted,


Eugene M. Holmes

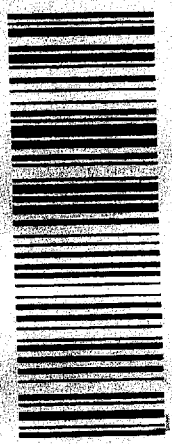
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