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**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

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: Campus USA Credit Union
- 2. The mailing address of the Employer is: P.O. Box 147029  
Gainesville, FL 32614
- 3. The Employer Identification Number is: 59-0637646
- 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 8 Eligible Employees.
- 6. The Employer will provide a copy of the agreement(s) to the office of Employee Benefits Security Administration upon request.

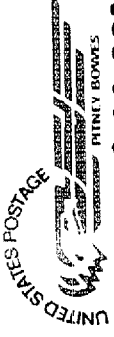
Campus USA Credit Union  
A Florida Corporation

By: Larry Scott  
Authorized Person

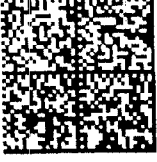
Dated: 1/24/2007

**CAMPUS  
USA**  
**CREDIT UNION**

P.O. Box 147029  
Gainesville, FL 32614-7029



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\$ 00.39<sup>00</sup>  
MAILED FROM ZIP CODE 32606



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