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March 9, 2007

Top Hat Plan Exemption
 Employee Benefits Security Administration
 Room N-1513
 U.S. Department of Labor
 200 Constitution Avenue, NW
 Washington DC 20210

Re: Top Hat Plans

Dear Sir/Madam:

This is the statement required under Department of Labor Regulation Section 2520.104-23 with respect to the Top Hat Plans maintained by DPL Inc. (EIN: 31-1163136) and, in the case of the DPL Inc. Severance Pay and Change of Control Plan, its subsidiary, The Dayton Power and Light Company (EIN: 31-0258470). The plans are maintained primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

The name of, and number of participants in, each plan are as follows:

<u>Plan Name</u>	<u>Number of Participants</u>
DPL Inc. 2006 Deferred Compensation Plan for Executives	11
DPL Inc. Supplemental Executive Defined Contribution Retirement Plan	11
DPL Inc. Severance Pay and Change of Control Plan	11
DPL Inc. Pension Restoration Plan	11

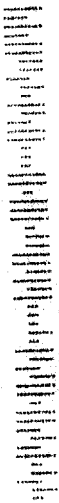
Top Hat Plan Exemption
March 9, 2007
Page 2

If you need any additional information concerning this filing or the plans, please contact the undersigned at the address and phone number above. For our records, please acknowledge receipt of this filing by date-stamping the enclosed copy of this letter and returning it to me in the enclosed self-addressed stamped envelope.

Very truly yours,

A handwritten signature in black ink, appearing to read "Mike Chamberlain". The signature is fluid and cursive, with the first name "Mike" and the last name "Chamberlain" clearly distinguishable.

On behalf of the DPL Inc.
Compensation Committee



Kathy P. Lazar, Esq.

IF NOT DELIVERED IN 5 DAYS RETURN TO

JONES DAY

NORTH POINT • 901 LAKESIDE AVENUE • CLEVELAND, OHIO 44114-1190

VIA CERTIFIED MAIL

RETURN RECEIPT REQUESTED

ARTICLE NUMBER: 7005 1820 0001 3738 8931

DFVC Program

Employee Benefits Security Administration

P.O. Box 70933

Charlotte, NC 28272-0933

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CERTIFIED MAIL

PLACE STICKER ON TOP ENVELOPE FLAP
CALL OR VISIT www.usps.com FOR MORE INFORMATION

RETURN RECEIPT
REQUESTED