

# Knipper

Healthcare Marketing Support

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Daniel W. Horchler  
Sr. Vice President, Finance  
General Counsel  
Direct Dial 732-987-7112  
[Daniel.Horchler@knipper.com](mailto:Daniel.Horchler@knipper.com)

Top Hat Plan Exemptions  
Pension and Welfare Benefits Administration  
Room N-5638  
United States Department of Labor  
200 Constitution Ave., N.W.  
Washington, DC 20210

March 15, 2007


Dear Sir or Madam:

In order to comply with the requirements of the alternative reporting and disclosure method under ERISA, Part 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: **J. Knipper and Company, Inc.**
2. The mailing address of the employer is: **One Healthcare Way, Lakewood, New Jersey 08701**
3. The employer's federal identification (EIN) number is: **22-2755742**
4. The number of plans and the number of participants in each plan is: **1 plan covering 12 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 agreement to the Secretary, upon request.

Respectfully submitted,



DANIEL W. HORCHLER  
Sr. Vice President, Finance

## **J. Knipper and Company, Inc.**

One Healthcare Way, Lakewood, New Jersey 08701  
Phone: 732-905-7878 • Toll Free: 1-888-KNIPPER • Fax: 732-905-0469 • [www.knipper.com](http://www.knipper.com)

### **REGIONAL WEST COAST SALES OFFICE**

300 Main Street, Suite 21, Half Moon Bay, CA 94019 • Phone: 650-712-0912 • Fax: 650-712-0913

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