

2 May 2007

Top Hat Plan Exemption
 Pension and Welfare Benefits Administration
 Room N-5638
 United States Department of Labor
 200 Constitution Avenue, N.W.
 Washington, D C 20210

Dear Sir or Madam:

In order to comply with the requirements of the alternative reporting and disclosure method under ERISA, Parts 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: | Brose North America, Inc. |
| 2. The mailing address of the employer is: | 3933 Automation Avenue
Auburn Hills, MI 48326 |
| 3. The employer's federal identification number (EIN) is: | 38-2149164 |
| 4. The number of plans and the number of Participants in each plan is: | One (1) plan covering 33 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 agreements to the Secretary upon request.

Respectfully submitted,



Barbara Kaleta
 Director, Human Resources

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