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August 21, 2007

Top Hat Plan Exemption  
Employee Benefits Security  
Administration  
Room N-1513  
U.S. Department of Labor  
200 Constitution Avenue, N.W.  
Washington, D.C. 20210CERTIFIED MAIL - RETURN  
RECEIPT REQUESTED

07 AUG 29 PM 12:50

RE: Employer: Hornady Manufacturing Company  
Employer Identification No.: 47-0351752

Dear Sir or Madam:

We enclose for filing the Top Hat Plan Statement for the employer described above. Please contact me between the hours of 8:00 a.m. and 5:00 p.m., Central Time, if you wish to discuss this or need further information.

Very truly yours,

KEITH T. PETERS  
For the Firm

Enclosure

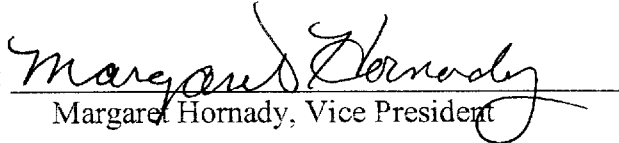
cc: Mark Kroeker (w/enc.)

TOP HAT PLAN STATEMENT

Pursuant to 29 C.F.R. § 2520.104-23, the undersigned employer makes the following statement:

1. Employer Name and Address:  
  
Hornady Manufacturing Company  
P.O. Box 1848  
Grand Island, Nebraska 68802
2. Employer Identification No.: 47-0351752
3. The Employer maintains a plan or plans primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.
4. The number of plans that the employer maintains is 4 and the number of employees participating in each plan is 1.

Hornady Manufacturing Company

By:   
Margaret Hornady, Vice President

