



November 1, 2007

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

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

07 NOV -7 AM 12:25

Re: 29 C.F.R. §2520.104-23 Filing

Dear Sir or Madam:

This letter is intended as a filing pursuant to 29 C.F.R. §2520.104-23 with respect to the program or arrangement identified below.

1. Name and Address of Employer: Franklin Mint Federal Credit Union
1974 Sproul Road
Suite 300
Broomall, PA 19008
2. Employer's EIN: 23-2695702
3. Identification of program or arrangement: Non-Qualified Deferred Compensation Plan
4. Declaration: The employer maintains the preceding program or arrangement primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.
5. Number of programs or arrangements: One (1)
6. Number of employees in program or arrangement: One (1)

As required by regulation, the employer will provide you, upon your request, documentation relating to the program or arrangement.

Sincerely,

Michael B. Magnavita

For Franklin Mint Federal Credit Union, Administrator



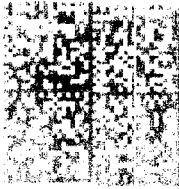
FRANKLIN MINT
 FEDERAL CREDIT UNION
The Credit Union of Choice.[®]
 P.O. Box 1907 • Media, PA 19063-8907

RETURN SERVICE REQUESTED

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