

ALTERNATIVE REPORTING AND DISCLOSURE STATEMENT FOR  
[A] NONQUALIFIED DEFERRED COMPENSATION PLAN

08 OCT 15 PM 2:30

To: Top Hat Plan Exemption  
Employee Benefits Security Administration  
Room N-5644  
US Department of Labor  
200 Constitution Avenue NW  
Washington, DC 20210

In accordance with 29 CFR Section 2520.104-23 of the Department of Labor Regulations, which provides an alternative method for complying with the reporting and disclosure requirements of Part 1 of Title I of the Employee Retirement Income Security Act of 1974, you are hereby notified that the Employer identified below maintains the Plan[s] identified below for the purpose of providing deferred compensation for a select group of management or highly compensated employees, and that all benefits provided by [this Plan] are paid as needed solely from the general assets of that Employer.

Employer's Name: Wexford, Inc.

Employer's Address: 28924 S. Western Avenue, Suite #206.

Rancho Palos Verdes, CA 90275.

Employer Identification Number: 33-0725616.

457 (b) which covers 1 Participant.

Total Number of Plans: 1.

Wexford, Inc.

Plan Administrator of the Plans Specified Above

By: 

Date: September 30, 2008.

W  
Wexford, Inc.  
P. O. Box 6866  
San Pedro, CA 90734

LONG BEACH CA 908

06 OCT 2008 PM 5:1



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