

SPECIMEN DEPARTMENT OF LABOR NOTICE LETTER 1-6 11 9:21

Alternative Reporting and Disclosure Statement  
Top Hat Plan Exemption  
Pension and Welfare Benefits Administration  
Room N-5644  
U.S. Department of Labor  
200 Constitution Avenue, N.W.  
Washington, D.C. 20210

The following corporation hereby supplies the following information pursuant to Department of Labor Regulations Section 2520.104-23:

Name and Address of Employer:

ABI Companies, Inc  
4301 Archer Plaza, Ste 400  
Tampa, FL 33634

Employer Identification Number: 59-2556119

The Employer identified above maintains the following plan(s) for a select group of management or highly compensated employees:

[Name of Plan] ABI Companies, Inc. Supplemental Executive Retirement Plan

Number of Participants: 8

[Name of Plan] \_\_\_\_\_

Number of Participants: \_\_\_\_\_

[Name of Plan] \_\_\_\_\_

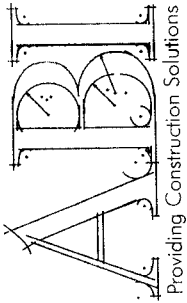
Number of Participants: \_\_\_\_\_

Very truly yours,  
[Name of Employer] ABI Companies, Inc

By [Signature]

Title Chief Financial Officer

Date: Dec 23, 2008



FIRST CLASS

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U.S. POSTAGE

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