



EBSA/PUBLIC DISCLOSURE

2011 NOV 14 PM 2:46

Rosa M. Gil, DSW
President/CEO

October 28, 2011

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

Dear Sir or Madam:

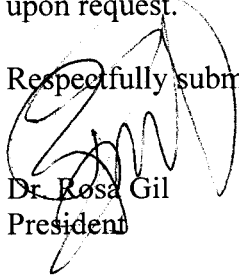
In order to comply with the requirements of the alternative reporting and disclosure method under ERISA, Parts 1, Title 1, as provided for an unfunded plan for a select group of management or highly compensated employees in the D.O.L. Regulation 2520.104-23 the following information is provided:

1. The name of the employer is: Comunilife, Inc.
2. The mailing address of the employer is:

214 West 29th Street, 8th Floor
New York, NY 10001
3. The employer's federal identification number (EIN) is: 13-3530299
4. The number of plans and the number of participants in each plan is: one (1) plan covering one (1) employee. 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,



Dr. Rosa Gil
President

cc: Michael P. Sculley, Esq.



comunilife

214 W. 29th Street
8th Floor, New York, NY 10001

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