

**REPORTING AND DISCLOSURE STATEMENT FOR
NONQUALIFIED DEFERRED COMPENSATION PLANS**

To The Secretary of Labor:

In compliance with the requirements of the alternative method of reporting and disclosure under Part I of Title I of the Employee Retirement Income Security Act of 1974 for unfunded or insured pension plans for **a select group of management or highly compensated employees**, specified in Department of Labor Regulations, 29 CFR sec. 2520.104-23, the following information is provided by the undersigned administrator:

- (1) The name of the employer is: Independence Plus, Inc.
- (2) The mailing address of the employer is:
720 Enterprise Drive
Oak Brook, IL 60523
- (3) The Employer Identification Number is: 363641612
- (4) The above-named employer maintains plans primarily for the purpose of providing deferred compensation benefits for a select group of management or highly compensated employees.
- (5) Number of Plans and Participants in each plan:
1 plan covering 2 employees.
- (6) The employer will provide a copy of the agreement(s) to the Secretary of Labor upon request.

EBSA/PUBLIC DISCLOSURE
2012 JAN -3 PM 3:58

Independence Plus, Inc.
(Name of Employer)

By  (as Plan Administrator)

Dated 19 Dec, 20 11

(Note to Attorney: This statement must be filed within 120 days after the plan is adopted. DOL Reg. sec. 29 CFR 2520.104-23(b)(2). If the employer fails to comply with this requirement, the plan must distribute and file a Summary Plan Description and meet other applicable reporting and disclosure requirements. The statement should be mailed to: U.S. Department of Labor, Pension and Welfare Benefit Administration, Room N 5638, 200 Constitutional Ave., N.W., Washington, DC 20210.

Independence Plus
25 years of health at home

720 Enterprise Drive, Oak Brook, IL 60523



U.S. Dept. of Labor
Pension & Welfare Benefit Administration
Room N 5638
200 Constitutional Ave. N.W.
Washington, DC 20210

