

Stradley Ronon Stevens &amp; Young, LLP

2600 One Commerce Square

Philadelphia, PA 19103-7098

Telephone 215.564.8000

Fax 215.564.8120

www.stradley.com



EBSA/PUBLIC

2012 JAN -9 3:24

James F. Podheiser  
JPodheiser@Stradley.com  
215.564.8111

December 30, 2011

**Certified Mail-Return Receipt Requested**  
**Receipt No. 7007 0220 0000 8669 7372**

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

**RE: Actors Federal Credit Union**

Dear Sir/Madam:

On behalf of the above-referenced employer and plan administrator, I enclose the notice required by 29 CFR Section 2520.104-23.

A submission is being made under DFVCP simultaneous with this submission.

Please contact the undersigned if you have any questions with respect to this matter.

Sincerely yours,

A handwritten signature in black ink, appearing to read "James F. Podheiser". The signature is fluid and cursive, with a large initial "J" and "P".

James F. Podheiser

Enclosure

**ACTORS FEDERAL CREDIT UNION**

**STATEMENT REQUIRED BY  
DEPARTMENT OF LABOR  
REGULATION SECTION 2520.104-23**

1. Name and address of Employer and Plan Administrator:  
  
Actors Federal Credit Union  
165 W. 46<sup>th</sup> Street  
New York, NY 10036-2128
2. Employer Identification Number: 13-1993745
3. The Employer maintains plans primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.
4. Number of such plans: 2
5. Number of employees covered under the plans: 2
6. The Employer will provide documents to the Secretary upon request as required by Section 104(a)(1) of ERISA.

**STRADLEY  
RONON**  
ATTORNEYS AT LAW

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0111 / 143980-0088

**CERTIFIED MAIL**



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Administration - Top Hat Plan Exemption  
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