

June 29, 2012

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

A.A. Anderson and Company, Inc. hereby supplies the following information pursuant to Department of Labor Regulations Section 2520.104-23:

A. Name and Address of Employer:

A.A. Anderson and Company, Inc.
21365 Gateway Ct., Ste. 300
Brookfield, WI 53045

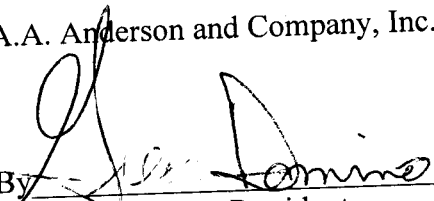
B. Employer Identification Number: 39-1017863

C. A.A. Anderson and Company, Inc. maintains the following plan for a select group of management or highly compensated employees:

1. Supplemental Benefit Plan
Number of Participants: 1

Very truly yours,

A.A. Anderson and Company, Inc.

By 

 Greg Domino, President

EBSA/PUBLIC DISCLOSURE
 2012 JUL -6 PM 12:08

ANDERSON
PUMP & PROCESS
an A.I. Anderson & Co., Inc.

P.O. Box 523 • Brookfield, WI 53008-0523
21365 Gateway Court, Ste. 300 • Brookfield, WI 53045-5110



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