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EOSA/PUBLIC AFFAIRS

December 12, 2012

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

Re: *Alternative Method of Compliance with Reporting and Disclosure Requirements Pursuant to Section 2520.104-23 of the Department of Labor Regulations*

Dear Sir or Madam:

This statement is filed in accordance with the requirements of the above-captioned regulations and in lieu of Internal Revenue Service Form 5500:

**I. EMPLOYER NAME, ADDRESS AND TAXPAYER IDENTIFICATION NUMBER:**

Digicon Corporation  
9601 Blackwell Road  
Suite 250  
Rockville, Maryland 20850  
Employer Identification Number: 52-1286314

**II. STATEMENT AS TO PLAN:**

The Employer maintains, at the above address, the Digicon Corporation Management Incentive Plan ("Plan") primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees. At present, no employees participate in the Plan.

**III. ERISA COMPLIANCE:**

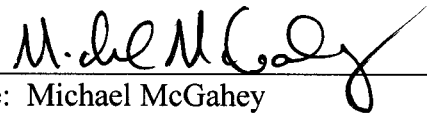
The Employer is making this filing solely as a protective measure in the unlikely event its Plan should be determined at some point to be an employee benefit plan as defined in section 3(3) of ERISA. This form and this filing are not, and should not be construed as, an admission by the Employer that the Plan is an employee benefit plan subject to ERISA for any purpose.

**IV. COPY OF PLAN:**

A copy of the Plan will be provided to the Department of Labor upon request.

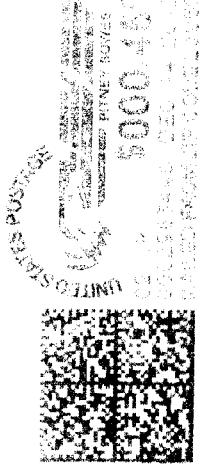
Sincerely,

DIGICON CORPORATION

By:   
Name: Michael McGahey  
Title: Chief Financial Officer



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