



2520130090231

Alternative Reporting And Disclosure Statement For Nonqualified Deferred Compensation Plans

OSHA/PUBLIC HEALTH
2013 JAN 16 PM 2:25

To: Top Hat Plan Exemption
Employee Benefits Security Administration
Room N 1513
U.S. Department of Labor
200 Constitution Ave. N.W.
Washington, DC 20210

Electrical

Network Services

Controls

Fire & Security

Material Handling

Infrared Testing

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: Tocco Corporation
2. The mailing address of the Employer is: 20 Cook Street
Billerica, MA 01821
3. The Employer Identification Number is: 04-2779615
4. The above named Employer maintains a Plan (or 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 Eligible Employees in each Plan:
One Plan covering 4 Eligible Employees.
6. The Employer will provide a copy of the agreement(s) to the office of Employee Benefits Security Administration upon request.

Tocco Corporation
A Massachusetts Corporation

By: *Fred Marion, Controller + Secretary*
Authorized Person

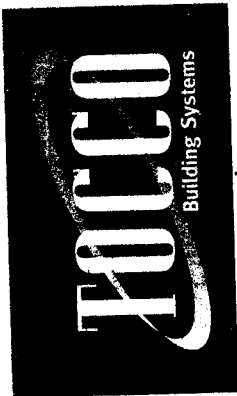
29 Cook Street

Billerica MA 01821

Tel 978.663.9292

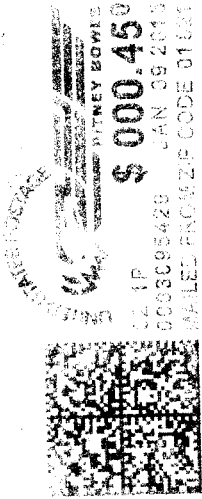
Fax 978.663.9366

www.toccorp.com



MARION
29 Cook Street, Billerica MA 01821

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