

TOP HAT PLAN EXEMPTION DECLARATION

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

Pursuant to 29 CFR §2520.104-23, the undersigned administrator files the information below and declares that the employer named below maintains a plan or plans primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees:

The name of the employer is:	Ohio Manufacturers Association
The mailing address of the employer is:	33 North High Street Columbus, OH 43215
The employer's employer identification number is:	31-4270490
The number of such plans is:	One
The number of employees in each plan is:	1

The employer will provide plan documents, if any, to the Secretary upon request as required by section 104(a)(6) of the Act.

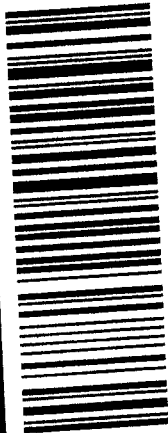
Ohio Manufacturers Association

By: 

Authorized Representative

**Lisa Schaaf
4813 Clark Road
Cincinnati, NY 13040**

CERTIFIED MAIL™



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