

**Alternative Reporting And Disclosure Statement
For Nonqualified Deferred Compensation Plans**


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

2014 FEB 24 5 PM 11

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 un-funded 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: New Hampshire Auto Dealers Services, Inc.
2. The mailing address of the Employer is: P.O. Box 2337, Concord, NH 03302
3. The Employer Identification Number is: 02-0328805
4. The above named Employer maintains a Plan 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 one Eligible Employee.
6. The Employer will provide a copy of the agreement(s) to the office of Employee Benefits Security Administration upon request.

New Hampshire Auto Dealers Services, Inc.

By: 
Michael Rosenblum - Treasurer

Dated: 2/24/14



NHAD Services, Inc.
507 South Street • P.O. Box 2337
Concord, NH 03302-2337

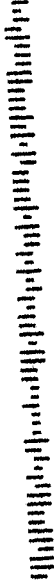
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**RETURN RECEIPT
REQUESTED**



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