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December 19, 2014

**CERTIFIED MAIL RETURN RECEIPT REQUESTED**

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

Re: Woodlawn Trustees, Incorporated Non-Qualified  
Deferred Compensation Plan

Dear Sir or Madam:

On behalf of Woodlawn Trustees, Incorporated, I am hereby filing an Alternative Reporting Disclosure Statement as required under Department of Labor Regulation, 29 C.F.R. 2520.104-23:

**Name of Plan:** Woodlawn Trustees, Incorporated Non-Qualified Deferred Compensation Plan

**Name and Address of Employer:** Woodlawn Trustees, Incorporated  
1020 N. Bancroft Parkway  
Wilmington, DE 19805

**Employer Identification No.:** 51-0064341

**Number of Employees Covered:** 2

Sincerely,

Timothy J. Snyder

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