

Dec 15, 2014

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

To Whom It May Concern:

The undersigned declares that the employer described below maintains the following plan(s) primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

In compliance with Labor Reg. §2520.104-23 the undersigned provides the following information with respect to the plan(s):

Employer:

Employer Name: Passenger Vessel Association  
Address: 103 Oronoco Street, Suite 200  
Alexandria, Virginia 22314  
EIN#: 52-1372232

Name of Plan: Passenger Vessel Association 457(b) Plan and Trust

Number of Plan(s): 2

Number of Employees in Plan(s): 1

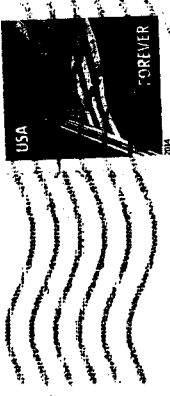
Very truly yours,

  
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Plan Administrator

Passenger Vessel Association  
103 Oronoco Street  
Suite 200  
Alexandria, VA 22314

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