

REPORTING AND DISCLOSURE STATEMENT*
(For Unfunded, Nonqualified Deferred Compensation Top Hat Plans)

To the Secretary of Labor:

In order to comply with the requirements of the alternative reporting and disclosure method under ERISA, Title 1, Part 1, as provided for an unfunded plan or deferred compensation for a select group of management or highly compensated employees in D.O.L. Reg. Section 2520.104-23, the following information is provided by the undersigned Plan Administrator:

1. The name of the employer is:

Westchester Benefit Group, Inc.

2. The mailing address of the employer is:

200 White Plains Rd., Tarrytown, NY 10591

3. The employer's federal identification number (EIN) is:

13-3697632

4. The number of plans and the number of participants in each plan is:

1 PLAN 1 Participant

The above-named employer maintains this plan primarily for the purpose of providing deferred compensation to a select group of management or highly compensated employees. The employer will provide a copy of the agreement(s) to the Secretary of Labor upon request.

Westchester Benefit Group, Inc.

By: 

(Plan Administrator)

Date: 3-20-97

*NOTE: This statement must be filed within 120 days after the plan is adopted (D.O.L. Reg. Section 29 CFR 2520.104-23(b)(2)). If the employer fails to comply with this requirement, the plan administrator must distribute and file a Summary Plan Description, and meet other applicable reporting and disclosure requirements. The Statement should be mailed to: Top Hat Exemption, Pension and Welfare Benefits Administration, U.S. Dept. Of Labor, Washington, D.C. 20210.

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