COOP RINCON

2520150935728

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

2015 MAR 18 PM 2:

Dear Sir or Madam:

Pursuant to DOL Req. Sec. 2520.104-23, the undersigned Employer hereby files the following information with respect to its plan(s) of deferred compensation.

1. Name and Address of Employer:

   Cooperativa de Ahorro y Crédito de Rincón

   Address: P.O. BOX 608, Rincón, PR 00677-0608

2. Federal Employer Identification No. (EIN):

   66-0228482

3. The Employer maintains __1___ plan(s) of deferred compensation primarily for the purpose of providing deferred compensation to a select group of management or highly-compensated employees. The plan name is Cooperativa de Ahorro y Crédito de Rincón Non Qualified Deferred Compensation Plan.

4. __58____ employee(s) is/are covered by such plan(s).

Very truly yours,

Title:

The 401 (k).
COMPANY OF PUERTO RICO, INC.
PLAN DESIGN, RECORDKEEPING AND TLC.

PMB 221, 405 Ave. Esmeralda Suite 102
Guaynabo, P.R. 00969-4427

SAN JUAN PR 009

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