



November 12, 2015

2520153420037

**CERTIFIED MAIL--
RETURN RECEIPT REQUESTED**

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

Re: Supplemental Executive Retirement Plan (the "Plan")

Dear Sir or Madam:

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, as amended, for unfunded pension plans maintained by an employer for a select group of management or highly compensated employees, specified in Department of Labor Regulations Section 2520.104-23, the following information for the above-referenced Plan is provided by the undersigned administrator of the Plan:

1. The name of the Employer is First Financial Credit Union.
2. The mailing address of the Employer is P.O. Box 25587, 601 Tijeras NW, Albuquerque, New Mexico 87125.
3. The Employer Identification Number is 85-0102571.
4. The above named Employer maintains the Plan primarily for the purpose of providing deferred compensation benefits for a select group of management or highly compensated employees.
5. The Plan is the only "top hat" Plan maintained by the Employer.
6. There are currently two (2) participants in the Plan. The number of participants may change from time to time.


P.O. Box 25587
Albuquerque, NM
87125-0587
(505) 766-5600
(800) 342-8298
www.ffnm.org

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7. Benefits under the Plan are paid as needed solely from the general assets of the Employer.
8. The Employer will provide a copy of the Plan documents to the Employee Benefits Security Administration upon request.

We would appreciate your stamping and returning to our office the enclosed copy of this letter in order to indicate receipt of this letter.

FIRST FINANCIAL CREDIT UNION

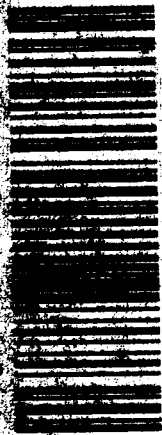
By: 
Name: FORBES MOORHEAD
Title: PRESIDENT / CEO

cc: William A. Gray, Esq.

22946328.1

P.O. Box 25587
Albuquerque, NM
87125-0587

FirstFinancial
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