



A N G E L L

December 24, 2015

The ANGELL Pension Group, Inc.
Actuaries, Consultants, and Administrators for Employee Benefit Plans
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CERTIFIED MAIL, RETURN RECEIPT REQUESTED

2520160080097

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

Re: WILA 457(b) Plan

Dear Sir/Madam:

Enclosed for filing is the Disclosure Statement for the WILA 457(b) Plan to meet the alternative method of compliance with the reporting and disclosure requirements of Part I of Title I of ERISA for top-hat plans pursuant to DOL Reg. Section 2520.104-23.

Very truly yours,

Peter L. Karlson, J.D., LL.M.

PLK/jjb
TOPHAT DOL LTR.DOC/14436-02

Enclosure

cc: Mari Midlin, *Windsor Independent Living Association, Inc.*
Joseph J. Borin, CPC, QPA, QKA, *The Angell Pension Group, Inc.*

REPORTING AND DISCLOSURE STATEMENT

TOP HAT PLAN (DOL REG. §2520.104-23)

Name and Address of Employer: *Windsor Independent Living Association, Inc.
45 Maple Avenue
P.O. Box 908
Windsor, CT 06095*

EIN of Employer: *51-0201148*

The Employer maintains a plan primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

Name of Plan: *WILA 457(b) Plan*

Date of Adoption of Plan: *12-1-15*

Number of Plans: *One (1)*

Number of Members of Plan: *One (1)*

**WINDSOR INDEPENDENT LIVING
ASSOCIATION, INC.**

By: *[Signature]*

Dated: *12-1-15*

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