ALTERNATIVE REPORTING AND DISCLOSURE STATEMENT FOR
[A] NONQUALIFIED DEFERRED COMPENSATION PLAN[S]

To: Top Hat Plan Exemption
Employee Benefits Security Administration
Room N-5644
US Department of Labor
200 Constitution Avenue NW
Washington, DC 20210

25201701200008

In accordance with 29 CFR Section 2520.104-23 of the Department of Labor Regulations, which provides an alternative method for complying with the reporting and disclosure requirements of Part 1 of Title I of the Employee Retirement Income Security Act of 1974, you are hereby notified that the Employer identified below maintains the Plan[s] identified below for the purpose of providing deferred compensation for a select group of management or highly compensated employees, and that all benefits provided by [this Plan] [these Plans] are paid as needed solely from the general assets of that Employer.

Employer's Name: HEARTLAND ALLIANCE

Employer's Address: 208 S. LASALLE ST.
SUITE 1300, CHICAGO, IL 60604

Employer Identification Number: 36-1877640.

457 (b) Eligible Deferred Compensation Plan, which covers 6 Participants.

457 (b) Eligible Deferred Compensation Plan, which covers _____ Participants.

Total Number of Plans: 1.

Employer's Name: HEARTLAND ALLIANCE Plan Administrator of the Plans Specified Above

By: _____.

Date: SEPT 9, 2016.

Heartland Alliance
208. S. LaSalle St. Suite 1308
Chicago, IL. 60604

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