

VISION CARE

ASSOCIATES

July 30, 2019

Top Hat Plan Exemption
Pension and Welfare Benefits Administration
Room N-5644
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, D.C. 20210

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Dear Sir or Madam:


The purpose of this letter is to provide alternative single filing compliance with reporting and disclosure requirements regarding Nonqualified Top Hat Plans under Part I of Title I of ERISA. This filing is intended to comply with Department of Labor Regulations Section 2520.104-23:

- A. Name and Address of Employer:
Vision Care Associates
121 N Grand Ave W
Springfield, IL 62702
- B. Employer Identification Number: 37-1273836
- C. Vision Care Associates maintains the following plans for a select group of management or highly compensated employees:
 1. Vision Care Associates Nonqualified Deferred Compensation Plan
Number of Participants: 4

In accordance with Section 104(a)(1) of ERISA, the Employer will provide Plan documents to the Secretary of Labor upon request.

Very truly yours,

Vision Care Associates

By: 
(signature of authorized representative)

Name: Michael Bruce
(print)

Title: President

