



**SCAI**  
Society for Cardiovascular  
Angiography & Interventions

December 7, 2011

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Chief Executive Officer

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

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To Whom It May Concern:

The undersigned declares that the employer described below maintains the following plan(s) primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

In compliance with Labor Reg. §2520.104-23 the undersigned provides the following information with respect to the plan(s):

~~From the:~~

Employer Name: Society of Cardiovascular Angiography & interventions  
Address: 1100 17<sup>th</sup> Street, NW Suite 400  
Washington, DC 20036  
EIN#: 34-1266824

Name of Plan: SCAI 457(b) Plan  
Number of Plan(s): 1  
Number of Employees in Plan(s): 1

Very truly yours,

Francesca Dea, Executive Director  
Plan Administrator



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Angiography & Interventions

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Washington, DC 20036

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