

U.S. DEPARTMENT OF LABOR

2520032030429

Top Hat Plan Exemption
Pension and Welfare Benefits Administration
Room N-5644
U.S. Department of Labor
200 Constitution Avenue
Washington, DC 21210

Gentlemen:

In compliance with Department of Labor Regulation 2520.104-23, we are filing the following disclosure statement regarding the unfunded compensation plan maintained by DISTEFANO INSURANCE AGENCY, INC., a corporation organized under the laws of the State of OHIO ("the Corporation"), for the benefit of certain key employees:

Employer Name: DISTEFANO INSURANCE AGENCY, INC.

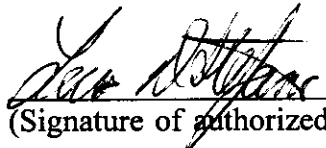
Employer Address: 2036 LOCUST STREET, SE CANAL FULTON, OHIO 44614

Employer Identification Number: 34-1743516

Under penalties of perjury, I declare that the Corporation named herein maintains ONE unfunded plan for the benefit of a select group of employees totalling ONE. The primary purpose of this plan is to provide deferred compensation for the select group of employees.


A copy of the plan is available upon request.

DISTEFANO INSURANCE AGENCY, INC.
(Name of employer)



(Signature of authorized officer)

LOUIS DISTEFANO
(Name of authorized officer)



(Title of authorized officer)