



2520032066836

April 9, 1996

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

Gentlemen:

In accordance with Department of Labor Reg. Sec. 2520.104-23, F.C. Tucker Company, Inc. located at 9279 N. Meridian St. Suite 100, Indianapolis, Indiana 46260 and assigned EIN 35-166186 by the Internal Revenue Service hereby declares that it maintains one plan primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees. The number of employees covered under the plan is as follows: Deferred Compensation - 5.

The filing of this statement is intended solely to comply with Reg. Sec. 2520.104-23 to the extent it applies, and may not, by itself, be treated as an admission by F.C. Tucker Company, Inc. that the arrangements described herein are "employee pension benefit plans" subject to the Employee Retirement Income Security Act of 1974, as amended.

Respectfully submitted,

A handwritten signature in black ink that reads "Stan K. Phariss" with a stylized flourish at the end.

Stan K. Phariss,
Vice President, Human Resources

SKP/la

F.C. Tucker Company, Inc.
9279 North Meridian Street
Suite 100
Indianapolis, IN 46260
317-571-2200
FAX 317-571-2204

U.S. Department of Labor

Pension and Welfare Benefits Administration
Washington, DC 20210



F.C. Tucker Co., Inc.
9279 North Meridian St.
Suite 100
Indianapolis, IN 46260

Dear Stan K. Phariss

We are in receipt of your statement filed with the Secretary of Labor registering your deferred compensation plan (under 29 CFR 2520.104-23) for the above company.

The following information was omitted in the initial filing. Please furnish the necessary information indicated so we may complete your file.

Employer Identification Number (EIN) (9 digits) 35-1661186

Number of plans _____

Number of employees participating in the plan(s) _____

Address of participating Sponsor _____

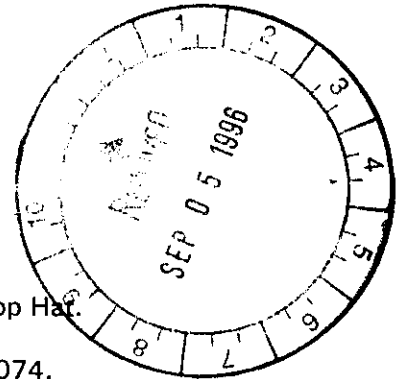
Declaration (e.g., plan is for highly compensated employee(s)) _____

Other _____

If the plan has terminated, please give the date of termination _____

Please return this letter with the appropriate items completed within 30 days to:

U.S. Department of Labor
Pension and Welfare Benefits Administration
Frances Perkins Bldg., Room #N5638
200 Constitution Avenue NW
Washington, DC, 20010
Attn: Ramona Evans, Supervisor
Records and Examination Unit



Also, please be advised that we will reconize your initial filing date for the above Top Hat.

If you have any questions concerning this letter, please call (202) 219-7222 ext. 3074.

Sincerely,

Ramona Evans, Supervisor Records and Examination Unit Department



F.C. Tucker Company, Inc.
9275 North Meridian Street
Suite 100
Indianapolis, IN 46260



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U.S. Department of Labor
Pension and Welfare Benefits Administration
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200 Constitution Ave. NW
Washington, D.C. 20010
Attn: Ramona Evans, Supervisor
Ex

