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November 11, 2004

Hon. Viktor V. Pohorelsky
U.S. Magistrate Judge
U.S. District Court
Eastern District of New York
225 Cadman Plaza East
Brooklyn, New York 11201

RE: LoPresti: v. Citigroup
CV-02-6492(SJ)(VVP)

Dear Judge Pohorelsky,

As a follow up to plaintiff's submission to the Court of the data about the fifty-six U.S. employers who have verified to the Department of Labor, under penalty of perjury, in their Form 5500 filings that CITISTREET was the broker or agent of their pension plan, I am enclosing herewith a copy of the blue ribbon and gold seal, Records Authentication Certificate, which plaintiff obtained from the U.S. Department of Labor, wherein they enclosed a true copy of the Form 5500 filing of the defendant LUTHERAN MEDICAL CENTER, for plan year 2002.

The enclosed copy of page one thereof, is the LMC Form 5500 signed under penalty of perjury by Steven J. Barry on 10/19/03 on Lutheran's behalf.

The enclosed copy of page three thereof, indicates that the insurance carrier is the defendant TRAVELERS INSURANCE COMPANY, and that \$23,513 in commissions were paid out.

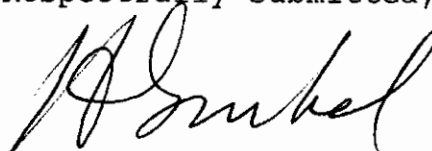
The enclosed copy of page four thereof, identifies the defendant CITISTREET located at TWO TOWER CENTER, EAST BRUNSWICK, NJ 08816, as being the agent or broker who received the sum of \$23,513 in commissions.

Plaintiff offers this proof, in addition to the previously submitted proof of the existence of the defendant CITISTREET for your consideration.

It is also offered in further support of plaintiff's application to have the Clerk of this Court note the default of CITISTREET on the docket of this case, and in further support of plaintiff's motion for sanctions under Rule 11,

both of which have been referred to you for a report and recommendation by the Hon. Judge Sterling Johnson, Jr.

Respectfully submitted,

A handwritten signature in cursive script, appearing to read "H. Grubel".

Henry M. Grubel(3211)
Attorney for the plaintiff

cc:

Hon. Sterling Johnson, Jr.
U.S. District Court Judge

David J. Lender, Esq.
Michael H. Ference, Esq.
David Covey, Esq.

Authentication Certificate

U.S. Department of Labor

Legal Custodian

ATTEST, that the attached copy or copies of each document listed below is a true copy of a document in the custody of the U.S. Department of Labor.

Description of Record Requested

	<u>SPONSOR NAME/ADDRESS</u>	<u>REPORT</u>	<u>DATE</u>
001	LUTHERAN MEDICAL CENTER 401 (K) RETIREMENT PLAN 150 55TH STREET BROOKLYN, NY 11220	5500	2002

Special Title Teresa W. Thomas Program Analyst	Agency and Office Office of Participant Assistance Employee Benefits Security Administration	Date November 5, 2004
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Secretary of Labor Authentication Officer

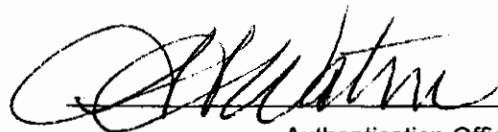
I HEREBY CERTIFY, that Teresa W. Thomas who signed the foregoing attestation, is now and was at the time of signing (title) Program Analyst and has legal custody of the official records of the United States Department of Labor therein attested and that full faith and credit should be given to his/her act as such.

IN WITNESS WHEREOF, I

Sharon S. Watson, Director of Participant Assistance

duly designated by the Secretary of Labor as Authentication Officer of the Department of Labor, have here-unto subscribed my name and caused the seal of the Department of Labor to be affixed this 5th day of

November 20 04.



Authentication Officer
Department of Labor

Form **5500**
 Department of the Treasury
 Internal Revenue Service
 Department of Labor
 Pension and Welfare Benefits
 Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan
 This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6039D, 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500.

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 Official Use Only
 OMB Nos. 1210 - 0110
 1210 - 0089
2002
 This Form is Open to Public Inspection

Annual Report Identification Information

For the calendar plan year 2002 or fiscal plan year beginning _____ and ending _____

A This return/report is for: (1) a multiemployer plan; (3) a multiple-employer plan; or
 (2) a single-employer plan (other than a multiple-employer plan); (4) a DFE (specify) _____

B This return/report is: (1) the first return/report filed for the plan; (3) the final return/report filed for the plan;
 (2) an amended return/report; (4) a short plan year return/report (less than 12 months).

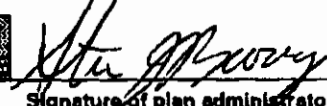
C If the plan is a collectively-bargained plan, check here _____ ▶

D If filing under an extension of time or the DFVC program, check box and attach required information (see instructions) _____ ▶

Basic Plan Information -- enter all requested information.

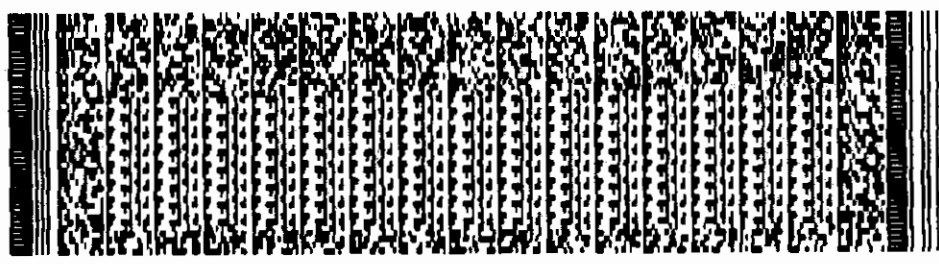
1a Name of plan LUTHERAN MEDICAL CENTER 401 (K) RETIREMENT PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan (mo., day, yr.) 10/01/2001
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) LUTHERAN MEDICAL CENTER 150 55TH STREET BROOKLYN NY 11220-2508	2b Employer Identification Number (EIN) 11-3589771
	2c Sponsor's telephone number 718-630-7280
	2d Business code (see instructions) 622000

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.
 Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report if it is being filed electronically, and to the best of my knowledge and belief, it is true, correct and complete.

SIGN HERE  Oct 14, 2003 STEVEN J. BARRY
 Signature of plan administrator Date Type or print name of individual signing as plan administrator

SIGN HERE _____
 Signature of employer/plan sponsor/DFE Date Type or print name of individual signing as employer, plan sponsor or DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v5.0 Form 5500 (2002)



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**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Pension and Welfare Benefits Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974.

- ▶ File as an attachment to Form 5500.
- ▶ Insurance companies are required to provide this information pursuant to ERISA section 103(a)(2).

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Official Use Only

OMB No. 1210-0110

2002

**This Form is Open to
Public Inspection**

For calendar year 2002 or fiscal plan year beginning _____ and ending _____

A Name of plan LUTHERAN MEDICAL CENTER 401(K) RETIREMENT PLAN	B Three-digit plan number	001
C Plan sponsor's name as shown on line 2a of Form 5500 LUTHERAN MEDICAL CENTER	D Employer identification Number 11-3589771	

Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage:

(a) Name of insurance carrier

TRAVELERS INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0566090	87726	935243	1	01/01/2002	12/31/2002

2 Insurance fees and commissions paid to agents, brokers and other persons. Enter the total fees and total commissions below and list agents, brokers and other persons individually in descending order of the amount paid in the items on the following page(s) in Part I.

Totals

Total amount of commissions paid	Total fees paid / amount
23513	0

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v5.0 Schedule A (Form 5500) 2002



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Official Use Only

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

CITISTREET
TWO TOWER CENTER
EAST BRUNSWICK NJ 08816

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	
23513			3

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agents, brokers or other persons to whom commissions or fees were paid

(b) Amount of commissions paid	Fees paid		(e) Organization code
	(c) Amount	(d) Purpose	



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