

RESOLUTION NO. 30-90

CITY OF CENTERVILLE, OHIO

SPONSORED BY COUNCILMEMBER Brooks Compton ON THE 17th
DAY OF September, 1990.

A RESOLUTION AUTHORIZING AND DIRECTING THE CITY
MANAGER TO ENTER INTO AN OHIO MUNICIPAL LEAGUE
MASTER COMPENSATION DEFERRAL PLAN AND CONTRACT
JOINDER AGREEMENT, FOR EMPLOYEES OF THE CITY OF
CENTERVILLE, OHIO.

WHEREAS, the Ohio Municipal League offers an Ohio Municipal
League Master Compensation Deferral Plan through the
Aetna Life Insurance and Annuity Company, and

WHEREAS, employees of the City of Centerville are eligible
to participate in this Plan, and

WHEREAS, the City of Centerville wishes to adopt a plan under
this program for the benefit of its employees.

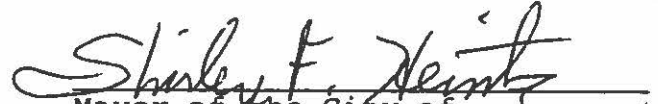
NOW THEREFORE, THE MUNICIPALITY OF CENTERVILLE HEREBY RESOLVES:

SECTION 1. That the Council of the City of Centerville
wishes to join a deferred compensation program under the Ohio
Municipal League Master Compensation Deferral Plan and extends to
all eligible employees the opportunity to join.

SECTION 2. That the City Manager is hereby authorized
and directed to execute an Ohio Municipal League Master
Compensation Deferral Plan And Contract Joinder Agreement between
the City of Centerville and the Ohio Municipal League, a copy of
which is attached hereto and marked Exhibit "A".

SECTION 3. This Resolution shall become effective
immediately upon passage.

PASSED THIS 17th day of September, 1990.


Mayor of the City of
Centerville, Ohio

ATTEST:


Clerk of the Council of the
City of Centerville, Ohio

CERTIFICATE

The undersigned, Clerk of Council of the City of Centerville, Ohio, hereby certifies the foregoing to be a true and correct copy of Resolution Number 30-90, passed by the Council of the City of Centerville, Ohio, on the 17th day of September, 1990.


Clerk of Council

Approved as to form, consistency
with the Charter and Constitutional Provisions.

Department of Law
Robert N. Farquhar
Municipal Attorney

OHIO MUNICIPAL LEAGUE
MASTER COMPENSATION DEFERRAL PLAN
PLAN AND CONTRACT JOINDER AGREEMENT

EXHIBIT "A"

THIS AGREEMENT is made this ____ day of _____, 19____, by and between CITY OF CENTERVILLE hereinafter referred to as the "Employer," and the Ohio Municipal League, hereinafter referred to as "The League".

The Employer hereby adopts the Ohio Municipal League Master Compensation Deferral Plan ("Plan") for the benefit of its Eligible Persons or Eligible Individuals as defined in the Plan.

All of the terms, provisions and conditions of the Plan are hereby incorporated into this Plan and Contract Joinder Agreement and together they now constitute the Employer's "Plan."

Further, the Employer hereby elects to participate as a joint contract owner in a group variable annuity contract (K____) issued by AETna Life Insurance and Annuity Company to The League on _____, and will offer its Participants participation in the Ohio Municipal League Master Compensation Deferral Plan. The effective date of this election to join the Plan shall be the effective date of this application, and the contract year applicable to the parties to this Agreement for purposes of said group variable annuity contract shall be the period of twelve months commencing with either the effective date of this Agreement or any anniversary thereof.

In return for The League's permission to establish this Plan, the Employer hereby agrees to faithfully carry out its responsibilities and obligations under the Plan.

There may be State securities law (Blue-Sky) considerations for an Employer executing this Agreement to implement the Plan. Employers should verify with legal counsel that the offering of this Plan is consistent with the securities laws of the State in which the Employer is located.

IN WITNESS WHEREOF, the Employer has caused this Plan and Contract Joinder Agreement to be executed at _____ on the ____ day of _____, 19__.

EMPLOYER

WITNESS: *[Signature]* BY: _____
TITLE: _____

OHIO MUNICIPAL LEAGUE
BY: *John P. Coleman*
TITLE: *EXECUTIVE DIRECTOR*

Employer is an: _____ Ohio Municipal League Member

(HOME OFFICE USE) Account Number K____ Date Assigned _____

Name, title and address of Individual to whom administrative or premium correspondence should be directed:

Is billing required by AETna? Yes____ No____ Frequency _____