



LAWYERS' MUTUAL INSURANCE COMPANY

September 20, 2002

02 SEP 30 AM 11:43
 PUBLIC DISCLOSURE

Danita Thomas
 U.S. Department of Labor
 Office of the Chief Accountant
 122 C Street, N. W., Suite 400
 Washington, DC 20001-2109

Public Disclosure
 Pension and Welfare Benefit Admin.
 Room N-1513
 U. S. Department of Labor
 200 Constitution Avenue NW
 Washington, DC 20210

Re: Select Supplemental Plan and Supplemental
 Employment Benefit Agreement

Dear Ms. Thomas and Sir/Madam:

This letter provides the statements requested in your letter of September 10, 2002, a copy of which is enclosed herein. In compliance with the requirements of the alternative method of reporting and disclosure under Part 1 of the Employee Retirement Income Security Act of 1974, as amended, for unfounded or insured pension plans for a select group of management or highly compensated employees, specified in Department of Labor regulations, 29 CFR §2520.104-23, the following information is provided by the undersigned employer.

Name and address of employer:

Lawyers' Mutual Insurance Company
 134 North Kenwood Street
 Burbank, CA 91505

Employer Identification Number: 95-3281051

Lawyers' Mutual Insurance Company maintains the two plans described below primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees:

1. Lawyers' Mutual Insurance Company Select Supplemental Plan, in which 10 employees participate. ←
2. Lawyers' Mutual Insurance Company Supplemental Employment Benefit Agreement, in which one employee participates.

LAWYERS' MUTUAL INSURANCE COMPANY

By: Robert A. Chick
 Title: President

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LAWYERS MUTUAL INSURANCE CO. + 16192390807

U.S. Department of Labor

Pension and Welfare Benefits Administration
Washington, D.C. 20210



CERTIFIED MAIL, RETURN RECEIPT REQUESTED

SEP 10 2002

Plan Administrator
Lawyers' Mutual Insurance Company
134 North Kenwood Street
Burbank, CA 91505

RE: Request for Top Hat Plan Statement Required By Department of Labor
Regulation 29 CFR §2520.104-23

DFVC Number: DFVC1997-02418
EIN Number: 95-3281051

Dear Plan Administrator:

The Office of the Chief Accountant has recently conducted a review of the Delinquent Filer Voluntary Compliance Program (DFVC Program). Upon reviewing our records, it appears that you did not comply with the terms of the DFVC Program. While you did submit a penalty payment and a copy of the Form 5500 to the DFVC Program, there is no record of your submitting the required registration statement with the Public Disclosure office, as required by the DFVC Program under section 4.01(b) of 60 FR 20874.

In order to remain in the DFVC Program, you must submit a statement, pursuant to ERISA regulation 29 CFR §2520.104-23 to both addresses below. Failure to submit the statements may result in additional penalties.

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If you have any questions, I encourage you to contact me at (202) 693-8403. (This is not a toll-free number.)

Sincerely,

Danita Thomas
Reporting Compliance Specialist
Office of the Chief Accountant