

**MARYSVILLE  
MUTUAL  
INSURANCE COMPANY**

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**TO:** Office of Employee Benefits Security  
Labor Management-Services Administration  
U. S. Department of Labor  
Washington, D.C. 20216

**FROM:** Marysville Mutual Insurance Co.  
Employer ID #48-0215780  
P O Box 151  
Marysville, KS 66508

March 29, 1995

This letter constitutes the statement required by 29 C.F.R. Sec. 2520.104-23 (a)(1) to be filed with the Secretary of Labor in respect to nonqualified deferred compensation plans provided by the above employer.

The employer currently maintains an unfunded deferred compensation plan for a select group of managerial or highly compensated employees. There are currently 2 employees in the plan. Copies of plan documents or other details may be obtained by interested parties on request.

Plan Administrator: Samileen Kirkland  
Title: Secretary  
Employer: Marysville Mutual Insurance Co.

U.S. DEPT. OF LABOR  
ASSISTANT SECRETARY  
ADMINISTRATION-OFFICE OF  
PENSION & WELFARE BENEFITS

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