

7/17, 1985

Office of Employee's Benefits Security
Labor Management Services Administration
United States Department of Labor
Washington, D.C. 20216

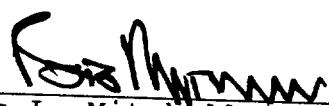
To the Secretary of Labor:

To comply with the requirements of the alternative reporting and disclosure method under ERISA, Section 110, applicable to unfunded or insured welfare benefit plans for a select group of management or highly compensated Employees, as set forth in 26 CFR Section 2520.104-24, the following information is provided by the undersigned Plan Administrator:

1. The name of the employer is Mitchell Insurance, Inc.
2. The mailing address of the employer is P.O. Box 10, Sikeston, Missouri 63801.
3. The employer identification number (EIN) of the employer is 43-0916181.
4. The number of Plans is one (1).
5. The number of participants in the Plan is one (1).

The above-named employer maintains this Plan primarily for the purpose of providing death benefits to a select group of management or highly compensated Employees. The employer will provide a copy of the Plan Agreement to the Secretary of Labor upon request.

MITCHELL INSURANCE, INC.

By: 
Robert L. Mitchell, Jr., Pres.
(the "Plan Administrator")

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