

2520042390997

*Reporting and Disclosure Statement*

Department of Labor  
Pension and Welfare Benefits Administration  
200 Constitution Avenue N.W.  
Room North 5677  
Washington, DC 20001



Re: Vermont Mutual Insurance Company Salary Continuation Plan

In order to comply with the requirements of the alternative reporting and disclosure method under ERISA, Title I, Part I, as provided for an unfunded or insured pension plan for a select group of management or highly compensated employees in D.O.L. Sec. Regulation 2520.104-23 the following information is provided by the undersigned plan administrator:

1) The name of the Employer is:

Vermont Mutual Insurance Company

2) The mailing address of the Employer is:

P.O. Box 188  
Montpelier, Vermont 05601-0188

3) The Employer's federal identification number (EIN) is:

03-0164650

4) The number of plans and the number of participants in each plan is:

1 covering 1. The above named Employer maintains this plan primarily for the purpose of providing deferred compensation in the form of salary continuation benefits to a select group of management or highly compensated employees.

The Employer will send a copy of all plan documents and agreements to the Secretary, upon request.

Dated:

May 1, 1996

By: *Julia C. Morgan*

Julia C. Morgan  
Plan Administrator