

2520043381033

 **MMIC Midstate Mutual Insurance Company**

5612 Route 34, P.O. Box 430, Auburn, NY 13021-0430

315-252-7218  
(FAX) 315-252-4312

May 25, 2004

Top Hat Plan Exemption  
Employee Benefits Security Administration  
Room N-5644  
U.S. Department of Labor  
200 Constitution Avenue, N.W.  
Washington, DC 20216

**Re: Midstate Mutual Insurance Company Deferred Compensation Plan**

Ladies and Gentlemen:

Pursuant to the provisions of Department of Labor Regulations at 29 C.F.R. Section 2520.104-23, you are hereby notified that the employer named in item (1) below (the "Company") maintains a plan or plans (as identified in item (2) below) primarily for the purpose of providing deferred compensation to a select group of management or highly compensated employees. Item (3) below sets forth the approximate number of participants in each plan as of the date of this letter. Item (4) below sets forth the total number of such plans the Company maintains and the approximate number of persons eligible to participate in these plans established primarily for the purpose of providing deferred compensation for a select group of management and highly compensated employees.

- Item (1): Midstate Mutual Insurance Company  
5612 Route 34  
Auburn, NY 13021  
Employer Identification Number: 15-0304070
- Item (2): Midstate Mutual Insurance Company Deferred Compensation Plan
- Item (3): Number of Participants in the Plan to which this notification applies: 1
- Item (4): We currently maintain 1 such plan, the plan for which this notice is filed. The total number of employees eligible to participate under such plan is 1.

We will be happy to provide a copy of the plan documents for this plan to the Secretary of Labor upon request.

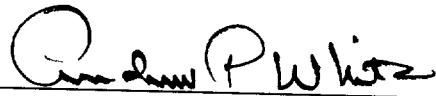


Kindly acknowledge receipt of this filing by signing and returning to the sender the copy of this letter enclosed herewith for acknowledgment purposes. A stamped, self-addressed envelope is also enclosed for your convenience.

Very truly yours,

**MIDSTATE MUTUAL INSURANCE  
COMPANY**

as Plan Administrator

by:   
Andrew P. White, President

**RECEIVED:**

**EMPLOYEE BENEFITS SECURITY ADMINISTRATION**

by: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

# HINMAN, HOWARD & KATTELL, LLP

ATTORNEYS AT LAW

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80 EXCHANGE STREET • P.O. BOX 5250  
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DIRECT FAX: 231-6839/BACKUP: 723-6605  
E-MAIL: [taconlon@hhk.com](mailto:taconlon@hhk.com)  
TAC: 2004-359

May 28, 2004

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‡ ALSO ADMITTED IN NEW JERSEY  
\*\* ADMITTED IN OHIO AND  
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†† ADMITTED IN PENNSYLVANIA  
ONLY  
‡‡ ADMITTED IN MASSACHUSETTS  
AND UNITED STATES PATENT  
AND TRADEMARK OFFICE ONLY

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ALEX C. DELL  
ERIC D. FARRELL  
RONALD L. GREENE†

**Via Certified Mail, Return Receipt Requested**

Top Hat Plan Exemption  
Employee Benefits Security Administration  
Room N-5644  
U.S. Department of Labor  
200 Constitution Avenue, N.W.  
Washington, DC 20216

**Re: Midstate Mutual Insurance Company (EIN 15-0304070)  
Midstate Mutual Insurance Company Deferred Compensation Plan  
(Plan 801)**

Ladies and Gentlemen:

We are special counsel to Midstate Mutual Insurance Company (the "Company"). On behalf of our client, we enclose two (2) duplicate original copies of the top-hat plan exemption filing pursuant to Department of Labor Regulations at 29 CFR Section 25210.104-23.

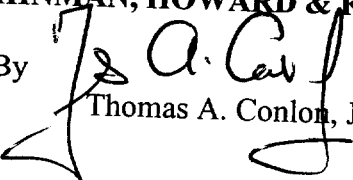
As requested in the enclosed filing, please acknowledge receipt of this filing by signing and returning to the undersigned one of the duplicate originals. A stamped, self-addressed envelope is enclosed for your use.

If you should have any questions, or require further information, please do not hesitate to contact the undersigned at the Binghamton office address listed above.

Very truly yours,

**HINMAN, HOWARD & KATTELL, LLP**

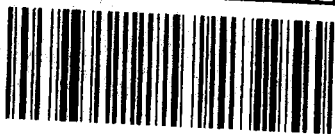
By

  
Thomas A. Conlon, Jr.

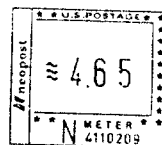
TAC:sbc

cc: Mr. Andrew P. White, President, Midstate Mutual Insurance Company (w/o enclosure)  
Theresa Allen, CPA, Johnson, Lauder and Savidge, LLP (w/o enclosure)

**CERTIFIED MAIL**



7099 3400 0014 6812 4123



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