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PUBLIC DISCLOSURE

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June 27, 2000

VIA CERTIFIED MAIL # 7099 3220 0006 7959
RETURN RECEIPT REQUESTED

Top Hat Plan Exemption
Pension and Welfare Benefits Administration
Room N-5644
U. S. Department of Labor
200 Constitution Avenue, N.W.
Washington, D.C. 20216

REPORTING AND DISCLOSURE STATEMENT

Re: **Physicians Mutual Insurance Company and
Physicians Life Insurance Company Pension Restoration Plan**

Dear Sir:

In order to comply with the requirements of the alternative reporting and disclosure method under ERISA, Title 1, Part 1, as provided for an unfunded or insured pension plan for a select group of management or highly compensated employees in D.O.L. Reg. § 2520.104-23, the following information is provided by the undersigned as Plan Administrator:

1. **The name of the Employers (and Employee Identification Numbers) are:**

Physicians Mutual Insurance Company (EIN: 47-0270450) ¹⁻¹
Physicians Life Insurance Company (EIN 47-0529583) ¹⁻¹⁵

2. **The mailing address of the Employers is:**

2600 Dodge Street
Omaha, NE 68131

3. **The number of plans and the number of participants in each plan is:**

2 plans with this plan covering 1 employee and the other plan covering 15 employees

The above named employer maintains this plan primarily for the purpose of providing deferred compensation to a select group of management or highly compensated employees. The employer will provide a copy of the agreement to the Secretary of Labor upon request.

Very truly yours,

PHYSICIANS MUTUAL INSURANCE COMPANY AND
PHYSICIANS LIFE INSURANCE COMPANY
(As Plan Administrator)

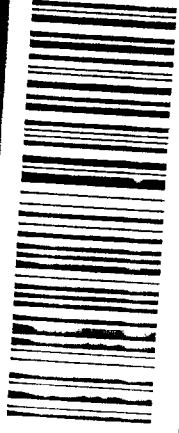
BY: Randal M. Limbeck
Randal M. Limbeck

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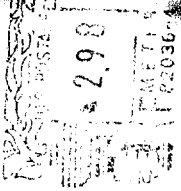
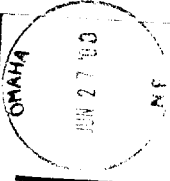
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