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WESTGATE INSURANCE AGENCY INC.

July 06, 2000

Office of Employee Benefits Security  
Labor Management Service Administration  
U.S. Department of Labor  
Washington, D.C. 20216

Re: Notice of Plan of Deferred Compensation

Gentlemen:

Pursuant to DOL Reg. Sec. 2520.104-23, the undersigned Employer hereby files the following information with respect to its plan of deferred compensation.

1. Name and Address of Employer

Westgate Insurance Agency Inc.  
3450 W. Central Avenue  
Toledo, Ohio 43606

2. Federal Employer Identification No. (EIN):

34-1344965

3. The Employer maintains one plan of deferred compensation primarily for the purpose of providing deferred compensation to a select group of management or highly compensated employees.

4. 1 employee(s) is(are) covered by such plan.

Very truly yours,

WESTGATE INSURANCE AGENCY INC.

By   
Todd J. Mierzwiak, President

~~MAA 566~~

PWSA

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Employee Service Administration  
U.S. Department of Labor  
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