

2520052093622

ALTERNATE STATEMENT FOR REPORTING AND DISCLOSURE  
(For Deferred Compensation Plans)

TO: Office of Pension and Welfare Benefit Programs  
Labor Management-Services Administration  
U.S. Department of Labor  
Washington, D.C. 20216

RECEIVED  
MARCH 23 1998  
MUTUAL REINSURANCE BUREAU

FROM: Employer: Mutual Reinsurance Bureau.  
Employer Identification Number: 36-1516650  
Address: 1780 S. Bell School Road  
P.O. Box 398  
Rockford, IL 61109  
March 31, 1998

This document constitutes the statement required by 29 C.F.R., 2520.104-23(a)(1) to be filed with the Secretary of Labor in respect to nonqualified deferred compensation plans maintained by the above employer.

The employer currently maintains one nonqualified deferred compensation plans for employees who are members of a select group of management or who are highly compensated.

The number of participants in this plan is one.

Employer: Mutual Reinsurance Bureau.

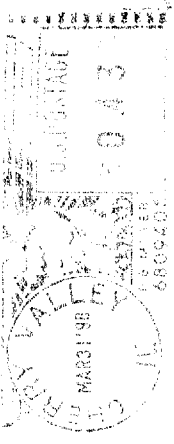
By: John W Duncan  
President

**FIRST CLASS MAIL**

**HINSHAW & CULBERTSON**

100 PARK AVENUE  
ROCKFORD, ILLINOIS 61101

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