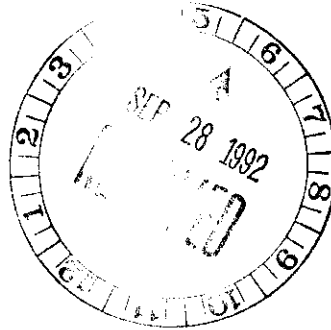


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A00057068

**BOSTON MUTUAL LIFE INSURANCE COMPANY**  
CANTON, MASSACHUSETTS 02021

INVOICE NUMBER

INVOICE DATE

CHECK NUMBER : **112235**

DESCRIPTION OF PAYMENT : TOP HAT PLAN STMT FILING FEE

DATE OF CHECK      Sep 23, 1992

**AMOUNT PAYABLE :** \$1,000.00

DETACH BEFORE DEPOSITING

BOSTON MUTUAL LIFE INSURANCE COMPANY  
ALTERNATIVE METHOD OF COMPLIANCE FOR  
PENSION PLANS FOR CERTAIN SELECTED EMPLOYEES

STATEMENT PURSUANT TO ERISA  
REGULATION SECTION 2520.104.23(b)(1)

Name and address of Employer:

Boston Mutual Life Insurance Company

Employer identification number:

04-1106240

Declaration:

The employer maintains a plan primarily for the purpose of providing deferred compensation for a selected group of management or highly compensated employees.



Statement of the number of such plans:

One plan

Number of employees covered:

Currently, one employee

This Statement is filed, on or before September 30, 1992, with:

Pension and Welfare Benefit Administration  
P. O. Box 75212  
Washington, D.C. 20013-5212

This Statement is signed on behalf of the Plan Administrator:

Boston Mutual Life Insurance Company

By James F. Sarcia, Treas. on September 23, 1992  
James F. Sarcia, Treasurer

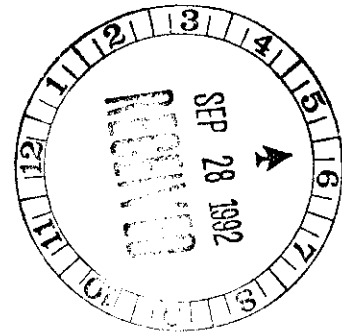
4165



JAMES F. SARCIA, C.P.A.  
TREASURER

September 23, 1992

Pension and Welfare Benefit Administration  
P. O. Box 75212  
Washington, D.C. 20013-5212



Gentlemen:

The statement concerning Top Hat Plans, pursuant to ERISA Regulation 2520.104.23(b)(1), on behalf of Boston Mutual Life Insurance Company, 04-1105240, is filed herewith, together with check No. *11235* for \$1,000, payable to the Department of Labor.

Yours truly, *4/65*

*James F. Sarcia*  
James F. Sarcia

JFS:AH

Enclosures-Statement and check

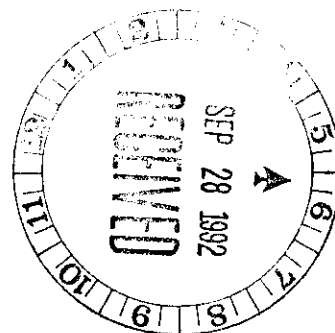
CERTIFIED MAIL RETURN RECEIPT REQUESTED #P *013181344*



JAMES F. SARCIA, C.P.A.  
TREASURER

September 24, 1992

Pension and Welfare Benefit Administration  
P. O. Box 75212  
Washington, D.C. 20013-5212



Gentlemen:

On September 23, 1992, a Statement concerning Top Hat Plans, pursuant to ERISA Regulation 2520.104.23(b)(1), was filed on behalf of Boston Mutual Life Insurance Company, 04-1106240, together with a check for \$1,000.

The Statement declared that one employee was covered under the Plan.

The Statement is hereby amended to read--

Number of employees covered:

Currently, six employees

This amendment is signed on behalf of the Plan Administrator:

Boston Mutual Life Insurance Company

By James F. Sarcia on September 24, 1992  
James F. Sarcia, Treasurer

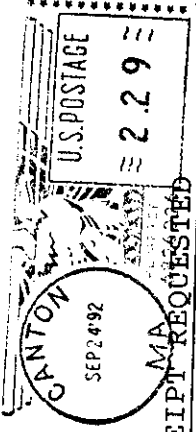
JFS:AH

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CERTIFIED MAIL RETURN RECEIPT REQUESTED #P 013181345



120 ROYALL STREET, CANTON, MASS. 02021-9984



CERTIFIED MAIL RETURN RECEIPT REQUESTED

PENSION AND WELFARE BENEFIT ADMINISTRATION

P O BOX 75212

WASHINGTON DC 20013-5212

Fold at line over top of envelope to the right  
of the return address

**CERTIFIED**

P 013 181 345

**MAIL**

