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P.O. Box 635
Dryden, N.Y. 13053-0635
Telephone (607) 844-8106
FAX # (607) 844-4085

Alternative Reporting And Disclosure Statement For Nonqualified Deferred Compensation Plans

To: Top Hat Plan Exemption
Pension and Welfare Benefits Administration
Room N-5644
U.S. Department of Labor
200 Constitution Avenue NW
Washington, DC 20210

In compliance with the requirements of the alternative method of reporting and disclosure under Part I of Title I of the Employee Retirement Income Security Act of 1974 for un-funded or insured pension plans for a select group of management or highly compensated employees, specified in Department of Labor Regulations, 29 CFR Sec. 2520.104-23, the following information is provided by the undersigned administrator:

1. The name of the Employer is: Dryden Mutual Insurance Company
2. The mailing address of the Employer is: 12 Ellis Drive, P.O. Box 635
Dryden, NY 13053-0635
3. The Employer Identification Number is: 15-0293645
4. The above named Employer maintains a Plan (or Plans) primarily for the purpose of providing deferred compensation benefits for a select group of management or highly compensated employees.
5. Number of Plans and Eligible Employees in each Plan:
One Plan covering 1 Eligible Employee.
6. The Employer will provide a copy of the agreement(s) to the office of Pension and Welfare Benefit Program upon request.

Dryden Mutual Insurance Company
A New York Corporation

By: Robert B. Baxter, CEO & GENERAL MANAGER
Authorized Person

Dated: December 26, 2005



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WASHINGTON, D.C. 20210