



Kentucky Farm Bureau Insurance Companies

Kentucky Farm Bureau Mutual Insurance Company • The FB Insurance Company

9201 Bunsen Parkway • P.O. Box 20700 • Louisville, Kentucky 40250-0700
Telephone (502) 495-5115 • FAX (502) 495-7707

CINDY MATHERLY, CFA, AIAF
Vice President, Accounting and Finance
and Treasurer

March 29, 2006

Top Hat Plan Exemption
Employee Benefits Security Administration
Room – 1513
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, D.C. 20210

06 APR - 7 AM 8:59

RE: Kentucky Farm Bureau Mutual Insurance Company
Deferred Compensation Plan for Employees

Dear Sir or Madam:

Pursuant to the provisions of Department of Labor Regulations at 29 CFR §2520.104-23, you are hereby notified that the employer named in item (1) maintains a plan [as identified in item (2)] primarily for the purpose of providing deferred compensation to a select management or highly compensated group consisting of employees. Item (3) sets out the number of participants in the plan as of the date of this letter.

(1) NAME, ADDRESS AND EMPLOYER IDENTIFICATION NUMBER (EIN) OF EMPLOYER MAINTAINING PLAN:

Kentucky Farm Bureau Mutual Insurance Company
9201 Bunsen Parkway
Louisville, Kentucky 40220
EIN: 61-0392792

(2) NAME AND PLAN IDENTIFICATION NUMBER (PN) OF PLAN TO WHICH THIS NOTIFICATION APPLIES:

Kentucky Farm Bureau Mutual Insurance Company
Deferred Compensation Plan for Employees
PN: 004

(3) NUMBER OF PARTICIPANTS IN PLAN TO WHICH THIS NOTIFICATION APPLIES: 12

Kindly acknowledge receipt of this filing by signing and returning to the sender the enclosed copy of this statement, which is intended to serve as acknowledgement of receipt of this statement. A stamped, self-addressed envelope is enclosed for your convenience.

Sincerely,

MEMBER OF BENEFITS COMMITTEE, SERVING AS PLAN ADMINISTRATOR

RS:pak



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RE: Kentucky Farm Bureau Mutual Insurance Company
Supplemental Executive Retirement Plan

Dear Sir or Madam:

Pursuant to the provisions of Department of Labor Regulations at 29 CFR §2520.104-23, you are hereby notified that the employer named in item (1) maintains a plan [as identified in item (2)] primarily for the purpose of providing supplemental retirement benefits to a select management or highly compensated group consisting of employees. Item (3) sets out the number of participants in the plan as of the date of this letter.

(1) NAME, ADDRESS AND EMPLOYER IDENTIFICATION NUMBER (EIN) OF EMPLOYER MAINTAINING PLAN:

Kentucky Farm Bureau Mutual Insurance Company
9201 Bunsen Parkway
Louisville, Kentucky 40220
EIN: 61-0392792

(2) NAME AND PLAN IDENTIFICATION NUMBER (PN) OF PLAN TO WHICH THIS NOTIFICATION APPLIES:

Kentucky Farm Bureau Mutual Insurance Company
Supplemental Executive Retirement Plan
PN: 005

(3) NUMBER OF PARTICIPANTS IN PLAN TO WHICH THIS NOTIFICATION APPLIES: 12

Kindly acknowledge receipt of this filing by signing and returning to the sender the enclosed copy of this statement, which is intended to serve as acknowledgement of receipt of this statement. A stamped, self-addressed envelope is enclosed for your convenience.

Sincerely,

MEMBER OF BENEFITS COMMITTEE, SERVING AS PLAN ADMINISTRATOR

RS:pak

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