

Alternative Reporting And Disclosure Statement For Nonqualified Deferred Compensation Plans

2520062760371

To: Top Hat Plan Exemption
Employee Benefits Security Administration
Room N 1513
U.S. Department of Labor
200 Constitution Ave. N.W.
Washington, DC 20210

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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: Workers' Compensation Reinsurance Association
2. The mailing address of the Employer is: 400 Robert Street N., Suite 1700
St. Paul, MN 55101
3. The Employer Identification Number is: 41-1357750
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. Plan Name: The Executive 457(f) Retirement Plan.
7. The Employer will provide a copy of the agreement(s) to the office of Pension and Welfare Benefit Program upon request.

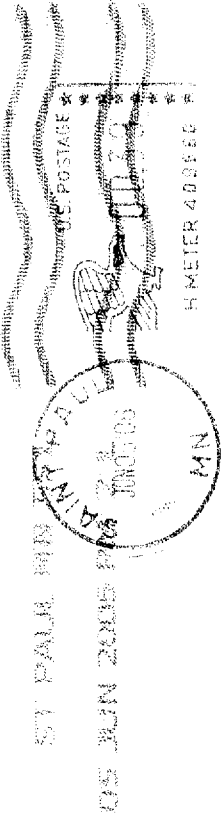
Workers' Compensation Reinsurance Association

By: 
Authorized Person

Dated: 6/11/2006

WCIRA

Workers' Compensation Reinsurance Association
Suite 1700, 400 Robert Street North, Saint Paul, MN 55101-2026



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