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January 9, 2007

The ANGELL Pension Group, Inc.
Actuaries, Consultants and Administrators for Employee Benefit Plans
10 Hemingway Drive
East Providence, Rhode Island 02915
Tel: 401.438.9250 · Fax: 401.438.7278
info@angellpensiongroup.com
www.angellpensiongroup.com

CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Top Hat Plan Exemption
Employee Benefits Security Administration
Room N-1513
U.S. Department of Labor
200 Constitution Avenue NW
Washington, DC 20210

Re: Barnstable County Mutual Insurance Company Nonqualified Pension Plan

Dear Sir/Madam:

Enclosed for filing is the Disclosure Statement for the Barnstable County Mutual Insurance Company Nonqualified Pension Plan to meet the alternative method of compliance with the reporting and disclosure requirements of Part I of Title I of ERISA for top-hat plans pursuant to DOL Reg. Section 2520.104-23.

Very truly yours,

Peter L. Karlson, J.D., LL.M.
Vice President
General Counsel

PLK/tad
TOPHAT DOL LTR.DOC/A45792

Enclosure

cc: John DeMello, *Barnstable County Mutual Insurance Company*

REPORTING AND DISCLOSURE STATEMENT

TOP HAT PLAN (DOL REG. §2520.104-23)

Name and Address of Employer: *Barnstable County Mutual Insurance Company
108 Hallet Street
P.O. Box 339
Yarmouth Port, MA 02675*

EIN of Employer: *04-1063730*

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

Name of Plan: *Barnstable County Mutual Insurance Company
Nonqualified Pension Plan*

Date of Adoption of Plan: *December 22, 2006*

Number of Plans: *One (1)*

Number of Members of Plan: *One (1)*

**BARNSTABLE COUNTY MUTUAL
INSURANCE COMPANY**

By: *[Signature]* *President*

Dated: *1-5-07*



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The ANGELL Pension Group, Inc.
10 Hemingway Drive
East Providence, Rhode Island 02915

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Employee Benefits Security Administration
Room N-1513
U.S. Department of Labor
200 Constitution Avenue NW
Washington, DC 20210

Re: Barnstable County Mutual Insurance Company Directors Deferral Plan

Dear Sir/Madam:

Enclosed for filing is the Disclosure Statement for the Barnstable County Mutual Insurance Company Directors Deferral Plan to meet the alternative method of compliance with the reporting and disclosure requirements of Part I of Title I of ERISA for top-hat plans pursuant to DOL Reg. Section 2520.104-23.

Very truly yours,

Peter L. Karlson, J.D., LL.M.
Vice President
General Counsel

PLK/tad
TOPHAT DOL LTR.DOC/A45793

Enclosure

cc: John DeMello, *Barnstable County Mutual Insurance Company*

REPORTING AND DISCLOSURE STATEMENT
TOP HAT PLAN (DOL REG. §2520.104-23)

Name and Address of Employer: *Barnstable County Mutual Insurance Company*
108 Hallet Street
P.O. Box 339
Yarmouth Port, MA 02675

EIN of Employer: *04-1063730*

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

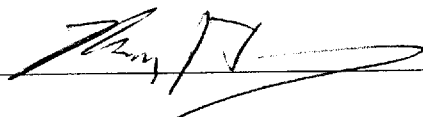
Name of Plan: *Barnstable County Mutual Insurance Company*
Directors Deferral Plan

Date of Adoption of Plan: *December 22, 2006*

Number of Plans: *One (1)*

Number of Members of Plan: *Ten (10)*

**BARNSTABLE COUNTY MUTUAL
INSURANCE COMPANY**

By:  PREJAN 7

Dated: 1-5-07

The ANGELL Pension Group, Inc.
10 Hemingway Drive
East Providence, Rhode Island 02915

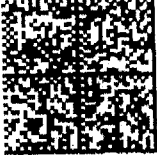
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