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July 25, 2007

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

CERTIFIED MAIL - RETURN  
RECEIPT REQUESTED

RE: Employer: Assurity Life Insurance Company Retirement Plan  
Employer Identification No.: 38-1843471

Dear Sir or Madam:

We enclose for filing the Top Hat Plan Statement for the employer described above. Please contact me between the hours of 8:00 a.m. and 5:00 p.m., Central Time, if you wish to discuss this or need further information.

Very truly yours,

Carol Watson  
Vice President, General Counsel  
and Corporate Secretary

Enclosure

## TOP HAT PLAN STATEMENT

Pursuant to 29 C.F.R. § 2520.104-23, the undersigned employer makes the following statement:

1. Employer Name and Address:

Assurity Life Insurance Company  
1526 K Street  
PO Box 82533  
Lincoln, NE 68501-2533

2. Employer Identification No.: 38-1843471

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

4. The number of plans that the employer maintains is 2 and the number of employees participating in each plan is 1.

Assurity Life Insurance Company

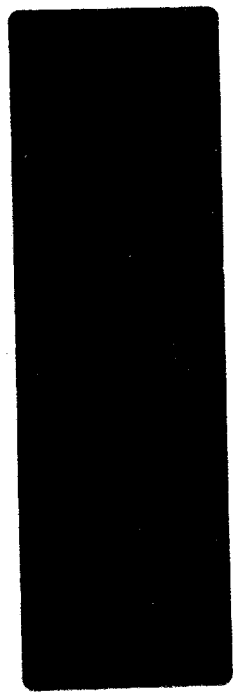
By: Carol Watson  
Carol Watson  
Vice President, General Counsel and  
Corporate Secretary

**Assurity**  
*Life Insurance Company*

PO Box 82533 • Lincoln, NE 68501-2533

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