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**Alternative Reporting And Disclosure Statement
For Nonqualified Deferred Compensation Plans**

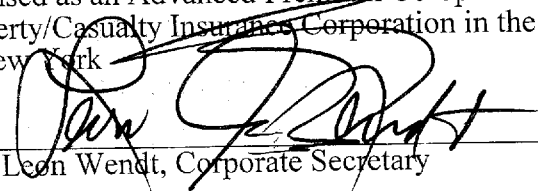
To: Top Hat Plan Exemption
Employee Benefits Security Administration
Room N 1513
U.S. Department of Labor
200 Constitution Ave. N.W.
Washington, DC 20210

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: United Frontier Mutual Insurance
2. The mailing address of the Employer is: 195 Davison Road
Lockport, NY 14094
3. The Employer Identification Number is: 16-0429000
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 and Directors.
5. Number of Plans and Eligible Employees in each Plan:
One Plan covering 1 Eligible Employee and 1 Director.
6. The Employer will provide a copy of the agreement(s) to the office of Employee Benefits Security Administration upon request.

United Frontier Mutual Insurance Company

Licensed as an Advanced Premium Co-operative
Property/Casualty Insurance Corporation in the State
of New York

By: 
Leon Wendt, Corporate Secretary

Dated: August 22, 2007

UNITED FRONTIER MUTUAL INSURANCE COMPANY

195 Davison Road
Lockport, New York 14094-3333



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