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October 3, 2008

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

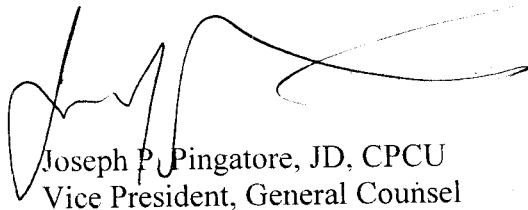
Re: Notice of Plan of Deferred Compensation

Gentlemen:

Pursuant to DOL Reg. Sec. 2520.104-23, the undersigned Employer hereby files the following information with respect to its plan of deferred compensation.

1. Name and Address of Employer:
Western National Mutual Insurance Company
5350 West 78th Street
Edina, Minnesota 55439
2. Federal Employer Identification Number (EIN):
41-0430825
3. The Employer maintains two plans evidenced by written documents, primarily for the purpose of providing supplemental retirement benefits to a select group of management and highly-compensated employees.
4. Number of employees covered by such plans:
23

Sincerely,

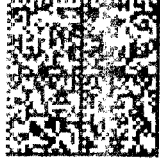


Joseph P. Pingatore, JD, CPCU
Vice President, General Counsel



5350 West 78th Street
Edina, Minnesota 55439-3101

PRESORTED
FIRST CLASS



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MAILED FROM ZIP CODE 55439

EXAMPLE MN 554 OCT-04-0A1XX

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