

SPECIMEN ERISA LABOR DEPARTMENT STATEMENT

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

EBSA/PUBLIC DISCLOSURE

2009 DEC 29 AM 10:31

The purpose of this letter is to provide alternative single filing compliance with reporting and disclosure requirements regarding Nonqualified Top Hat Plans under Part 1 of Title 1 of the Employee Retirement Income Security Act of 1974. Pursuant to Department of Labor Regulation Section 2520.104-23(b), we provide the following information:

A. Name and Address of Employer:

Woman's Life Insurance Society
 1338 Military Street
 PO BOX 5020
 Port Huron, Michigan 48061-5020

B. Employer Identification Number: 38-1185570.

C. The Woman's Life Insurance Society maintains the following Non-qualified Deferred Compensation Plan(s) for executives who are members of a select group of management or highly compensated employees:

1. Woman's Life Insurance Society
 457(b) Retirement Plan
 Number of Participants: 2.
2. Woman's Life Insurance Society
 457(f) Retirement Plan
 Number of Participants: 1.

Very truly yours,

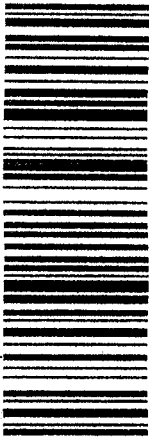
Woman's Life Insurance Society.

By: Jamie L. Orhyple

Title: President

Date: 12/18, 2009.

POSTNET ZIP+4™



7007 2560 0000 6897 8221

892
WOMAN'S LIFE®
INSURANCE SOCIETY

1338 Military Street
PO Box 5020

Port Huron, Michigan 48061-5020
"ADDRESS SERVICE REQUESTED"

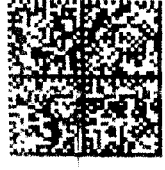
A Fraternal Benefit Society

**RETURN RECEIPT
REQUESTED**

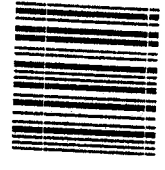
FIRST CLASS MAIL

TOP HAT PLAN EXEMPTION
EMPLOYEE BENEFITS SECURITY ADMINISTRATION
ROOM N-1513
US DEPARTMENT OF LABOR
200 CONSTITUTION AVE NW
WASHINGTON DC 20210

UNITED STATES POSTAGE
PAINT & INK



02 1A
0004888675 DEC 21 2009
MAILED FROM ZIP CODE 48060



U.S. POSTAGE
PAID
PORT HURON, MI
48060
DEC 21 2009
AMOUNT

\$0.00
00025325-05

1000
20210

FIRST CLASS

FIRST CLASS

FIRST CLASS

FIRST CLASS