



OPHTHALMIC MUTUAL
INSURANCE COMPANY
(A Risk Retention Group)

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San Francisco, CA 94109-1336

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San Francisco, CA 94188-0610

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August 9, 2012

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

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To Whom It May Concern:

Ophthalmic Mutual Insurance Company (OMIC) is in the process of setting up a Nonqualified Deferred Compensation Plan. As per Part I of Title I of the Employee Retirement Income Security Act of 1974, we are submitting an Alternate Reporting and Disclosure Statement for Nonqualified Deferred Compensation Plans.

If you have any questions please do not hesitate to contact me at 415-202-4607 or bwilson@omic.

Sincerely,

Beth Wilson
Human Resource Manager, OMIC

Enclosure

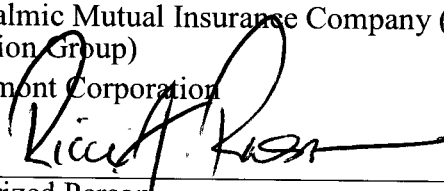
**Alternative Reporting And Disclosure Statement
For Nonqualified Deferred Compensation Plans**

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: Ophthalmic Mutual Insurance Company
(A Risk Retention Group)
2. The mailing address of the Employer is: 655 Beach Street
San Francisco, CA 94109
3. The Employer Identification Number is: 94-3047990
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.
5. Number of Plans and Eligible Employees in each Plan:
One Plan(s) covering 1 Eligible Employees.
6. The Employer will provide a copy of the agreement(s) to the office of Employee Benefits Security Administration upon request.

Ophthalmic Mutual Insurance Company (A Risk
Retention Group)
A Vermont Corporation

By: 
Authorized Person

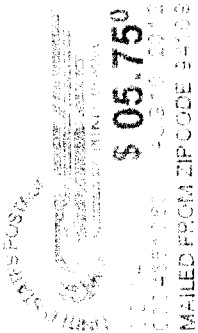
Dated: 7/24/12

OMIC

OMIC
PO Box 880610
San Francisco, CA
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