

**“TOP HAT” PLAN FILING**  
**(Statement Required Under**  
**Alternative Method of Compliance**  
**with ERISA Reporting and**  
**Disclosure Rules (DOL Reg. §2520.104-23))**

0386/PUB10 PR-014  
2012 SEP 12 PM 4: 05

1. Name and Address of Employer:

The Savings Bank Life Insurance Company  
One Linscott Road  
Woburn, MA 01801

2. Employer Identification Number:

04-3117253

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

4. The Employer has adopted a new deferred compensation plan for one executive.

5. Effective date:

August 27, 2012

Mail to: Top Hat Plan Exemption  
Pension and Welfare Benefit Administration  
Room N-5644  
U.S. Department of Labor  
200 Constitution Avenue, N.W.  
Washington, D.C. 20210

GOODWIN PROCTER

Marian A. Tse  
617.570.1169  
mtse@  
goodwinprocter.com

Goodwin Procter LLP  
Counselors at Law  
Exchange Place  
Boston, MA 02109  
T: 617.570.1000  
F: 617.523.1231

September 5, 2012

Top Hat Plan Exemption  
Pension and Welfare Benefit Administration  
Room N-5644  
U.S. Department of Labor  
200 Constitution Avenue, N.W.  
Washington, DC 20210

**Re: The Savings Bank Life Insurance Company, EIN 04-3117253**

Dear Sir or Madam:

On behalf of the above-referenced employer, enclosed herewith please find a "Top Hat" statement required under Department of Labor Regulation Section 2520.104-23.

Please confirm receipt of this letter and its enclosures by stamping the receipt copy hereof and returning it to the undersigned in the enclosed self-addressed, stamped envelope.

Very truly yours,



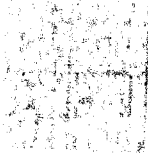
Marian A. Tse

MAT:vcw  
Enclosures

cc: Peter Scavongelli, Esq. (w/enclosure)

GOODWIN PROCTER

Goodwin Procter LLP  
Exchange Place  
Boston, MA 02109



000048

Top Hat Plan Exemption  
Pension and Welfare Benefit Administration  
Room N-5644  
U.S. Department of Labor  
200 Constitution Avenue, N.W.  
Washington, DC 20210