

**Alternative Reporting And Disclosure Statement**  
**For Non-Qualified Deferred Compensation Plans**

To: Office of Pension and Welfare Benefit Program  
Labor Management Services Administration  
U.S. Department of Labor  
Washington, DC 20216

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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: Jones Insurance Agency, Inc.
2. The mailing address of the Employer is: 820 Benson Road, Garner, NC 27529
3. The Employer Identification Number is: 56-1336039
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 Participants in each Plan:  
\_\_\_\_\_ / \_\_\_\_\_ Plans covering \_\_\_\_\_ / \_\_\_\_\_ Employees.
6. The Employer will provide a copy of the agreement(s) to the office of Pension and Welfare Benefit Program upon request.

Jones Insurance Agency, Inc.  
A North Carolina Corporation

By:   
Jerry Jones, President

Dated: 3/7/97

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