



2520150935789

SOUTHERN INSURANCE UNDERWRITERS, INC CMGA

March 20, 2015

Employee Benefits Security Administration
Room N-1513
U.S Department of Labor
200 Constitution Ave., N.W.
Washington, D.C. 20210

RE: Southern Insurance Underwriters, Inc. – Top Hat Plan Exemption Statement

Dear Sir/Madam:

We are very proud to offer our Key employees an additional benefit. Please find the attached Top Hat Statement for our plan named "Southern Insurance Underwriters, Inc. Supplemental Key Employee Retirement Plan".

We have included two originals of the Top Hat Statement. Please acknowledge one original by signing at the bottom and returning it to us in the stamped self-addressed envelope enclosed.

Thank you for taking the time to accommodate our request.

Sincerely,

John W. LaMay, Jr.
C.F.O.
Southern Insurance Underwriters, Inc.

JL/cn

Southern Insurance Underwriters, Inc.
4500 Mansell Road
Alpharetta, GA 30022

March 20, 2015

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

Re: Southern Insurance Underwriters, Inc. – Top Hat Plan Exemption Statement

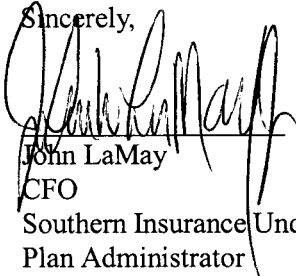
Dear Sir/Madam:

Pursuant to the provisions of Department of Labor Regulations at 29 CFR §2520.104-23, you are hereby notified that the employer named below maintains plan(s) primarily for the purpose of providing deferred compensation to a select group of management or highly compensated employees. Set forth below is the information required to be provided with respect to the plan(s) as of the date of this letter:

Employer Name: Southern Insurance Underwriters, Inc.
Address: 4500 Mansell Road, Alpharetta, GA 30022
Employer EIN: 58-0939621
Name(s) of Plan(s): Southern Insurance Underwriters, Inc. Supplemental Key Executive Retirement Plan
Purpose: To provide deferred compensation for a select group of management or highly compensated employees.
Number of Plans: 1
Number of Employees in Plan(s): 3

We respectfully request that you acknowledge receipt of this filing by signing and returning to the undersigned the enclosed copy of this statement, which is intended to serve as acknowledgment of receipt of this statement. A stamped, self-addressed envelope is enclosed for your convenience.

Sincerely,

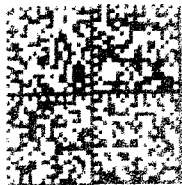

John LaMay
CFO

Southern Insurance Underwriters, Inc.
Plan Administrator

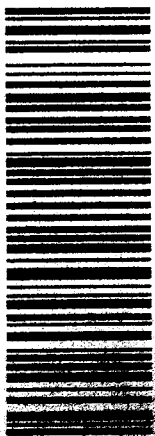
Acknowledged by: _____ Date: _____

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03/23/2015
Mobile From 30022
US POSTAGE

Hasler



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CERTIFIED MAIL

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLLOW DOT LINES.

9592 8812 2000 0510 4102

NCE UNDERWRITERS, INC CMGA
• GEORGIA • 30348-5609

EMPLOYEE BENEFITS SECURITY ADMINISTRATION
ROOM N-1513
U.S. DEPARTMENT OF LABOR
200 CONSTITUTION AVE., N.W.
WASHINGTON, D.C. 20210