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April 15, 2015

Via Certified Mail/Return Receipt Requested

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

2015 APR 22 PM 1:11

Re: Disclosure regarding Member Insurance Agency Management Ownership Appreciation Plan

Dear Sir or Madam:

In connection with Department of Labor Regulation §2520.104-23, we are filing the following information on behalf of the plan administrator for the Member Insurance Agency Management Ownership Appreciation Plan:

1. **Name and Address of Employer:** Member Insurance Agency
760 W. Main Street, Suite 100
Barrington, IL 60010
2. **Employer's Employer Identification Number:** 36-2964176
3. **Declaration:** The Employer maintains the plan primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees of the Employer.
4. **Number of Plans to which Statement Relates:** 1
5. **Number of Employees Initially Covered By Plan:** 4 (However, the number of covered employees may increase or decrease in the future.)

Upon request by the Secretary of the Department of Labor, the Employer will provide documents for the above-listed plan, as required under Section 104(a)(6) of the Employee Retirement Income Security Act of 1974, as amended.

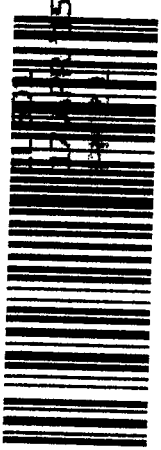
Sincerely,

By: Jeffery Scott Reynolds
Title: CEO

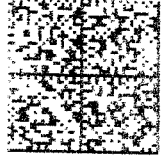


760 west main street, suite 10C
barrington, illinois 60010

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