

**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

USA/PUBLIC DISCLOSURE
2016 FEB -4 PM 4:12

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: Society Insurance
2. The mailing address of the Employer is: 150 Camelot Drive
Fond du Lac, WI 54936
3. The Employer Identification Number is: 39-0711880
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 covering 18 Eligible Employees.
6. The Employer will provide a copy of the agreement(s) to the office of Employee Benefits Security Administration upon request.

Society Insurance
A Wisconsin Corporation

By: Heather Berg, SVP, CFO
Authorized Person

Dated: 1/28/16



150 Camelot Drive
P.O. Box 1029

Fond du Lac, WI 54936

CERTIFIED MAIL



7014 0150 0000 8329 6150

To: Top Hat Plan Participants
Employee Benefits Security Administration
Room N 1873
U.S. Department of Labor
200 Constitution Ave. N.W.
Washington, DC 20210