



AMERICAN INSURANCE
& INVESTMENT CORP.

448 South 400 East • P.O. Box 58489 • Salt Lake City, Utah 84158 • Telephone 801-364-3434 • FAX # 801-355-5234

November 15, 1996

2520032540213

Top Hat Plan Exemption
Pension and Welfare Benefits Administration
Room N-5644
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, DC 20216

RE: Supplemental Retirement Benefits Plans/
American Insurance & Investment Corp.

Dear Sir/Madam:

Pursuant to the provisions of Department of Labor regulations at 29 C.F.R. Sec. 2520.104-23, you are hereby notified that the employer named in item (1) below maintains plans (as identified in item (2) below) primarily for the purpose of providing deferred compensation to a select group of management and highly compensated employees. As set forth in item (3) below, the deferred compensation agreement with each member of said select group of management and highly compensated employees has been established as a separate plan, and consequently there is only one participant in each plan as of the date of this letter.

Item (1): American Insurance & Investment Corp.
448 South 400 East
Salt Lake City, UT 84111
EIN: 87-0237924

Item (2): Supplemental Retirement Benefits Plan -
Kim M. Nelson
PIN: 003

Supplemental Retirement Benefits Plan -
Kendall A. Nelson
PIN: 004



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Item (3):	<u>Plan Number</u>	<u>Number of Participants</u>
	003	1
	004	1

I would appreciate your acknowledgment of receipt of this filing by signing and returning to the undersigned a copy of this letter which is enclosed herewith for acknowledgment purposes. A stamped, self-addressed envelope is also enclosed for your convenience.

Very truly yours,

Kendall A. Nelson
Executive V.P., General Manager

lha/Enclosures