

2520032543191

CERTIFIED MAIL

Top Hat Plan Exception
Pension & Welfare Benefits Administration
Room N-5644
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, D.C. 20210

Dear Mr. Secretary:

This Company currently has an employee benefit plan primarily established and maintained for the purpose of providing a plan of deferred compensation and salary continuation to a select group of highly compensated employees.

1. Number of Employees Participating in this Plan. 2
2. The pertinent employer data is as follows:

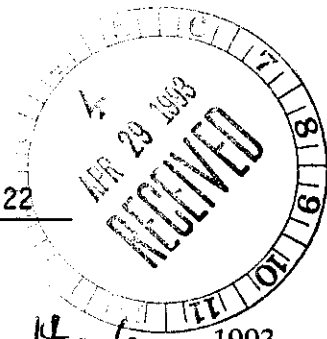
Employer: Eye Consultants of Kentucky, P.S.C.
Eagle Creek Medical Plaza
120 North Eagle Creek Drive
Lexington, Kentucky 40509-1872

Telephone: (606) 263-3030

Employer Identification Number: 61-0872122

Plan No. 501

Date Plan Became Subject to Part I of Title I: 4-6, 1993



This statement is filed under the authority of Labor Regulation Section 2520.104-23 and is filed within the 120 days after the plan became subject to Part 1 of Title I of the Act.

Sincerely,

EYE CONSULTANTS OF KENTUCKY,
P.S.C.

By: [Signature]
President

Date: 3/25/93