



Capital Blue Cross
HARRISBURG, PENNSYLVANIA 17177

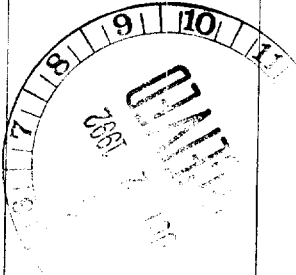
REMITTANCE VOUCHER

Check Date: **09/24/1992**

Customer #:

Detach this portion before depositing check.

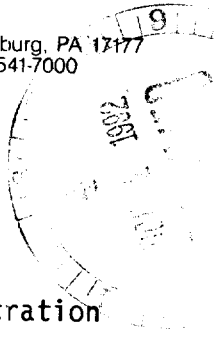
INVOICE DATE	INVOICE NUMBER	INVOICE AMOUNT	DISCOUNT AMOUNT	PAID AMOUNT	COMMENTS
09/21	09211992	1000.00	.00	1000.00	2520190031087
		05209			
		1000.00	.00	1000.00 TOTAL	



Capital Blue Cross
Agent for Pennsylvania Blue Shield



Harrisburg, PA 17177
(717) 541-7000



September 17, 1992

Pension and Welfare Benefits Administration
PO Box 75212
Washington, DC 20013-5212

RE: Capital Blue Cross Deferred Compensation Plan **05209**

Gentlemen:

In accordance with the alternate method of compliance to the reporting and disclosure requirements of Part I of Title I of the Employee Retirement Income Security Act of 1974, Capital Blue Cross, sponsor and Plan Administrator to the Capital Blue Cross Deferred Compensation Plan, is hereby providing notice to the Department of Labor of the above-captioned unfunded plan.

NAME/ADDRESS OF EMPLOYER: Capital Blue Cross
Harrisburg, PA 17177-2212

EMPLOYER IDENTIFICATION NUMBER: **23-0455154**

PURPOSE OF PLAN: Capital Blue Cross maintains the Capital Blue Cross Deferred Compensation Plan primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

NUMBER OF PLANS/PARTICIPANTS: **1 plan/25 participants**

A copy of the Plan document will be provided to the Secretary of Labor upon request.

In accordance with the Pension and Welfare Benefits Administration Announcement dated July 20, 1992, Capital Blue Cross is enclosing the applicable penalty fee of \$1,000.

Yours sincerely,

(Mr.) Kieran R. Hull
Manager, Benefits
Tel. (717) 541-6009

KRH:BAM
ID/1578
Enclosure



A-41a (2/91)

Capital Blue Cross



Harrisburg PA 17177

