

2520040150708

February 4, 1994

Office of Employee Benefits Security
Labor Management Service Administration
U. S. Department of Labor
Washington, DC 20216

RE: Notice of Plan of Deferred Compensation

Gentlemen:

Pursuant to D.O.L. Reg. Sec. 2520.104-23, the undersigned employer hereby files the following information with respect to its Plan of Deferred Compensation.

1. Name and address of employer:

Therapy Associates, Inc.
906 S. Hebron
P. O. Box 15040
Evansville, Indiana 47716-0040

2. Federal employer identification number: 35-1415104.

3. The employer maintains one (1) Plan of Deferred Compensation primarily for the purpose of providing deferred compensation to a select group of management or highly compensated employees.

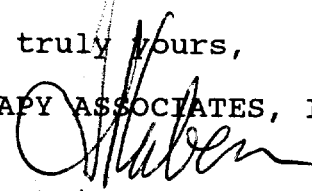
4. Two (2) employees are covered by such Plan.

Please note that a copy of this letter is enclosed with an acknowledgement section attached. Please sign said acknowledgement and then return the copy with the executed acknowledgement to the employer in the self-addressed, postage prepaid envelope. Should you have any questions regarding any of the above, please contact Laura Cossey at (812) 476-1367.

Very truly yours,

THE THERAPY ASSOCIATES, INC.

By:


Alvin Korba, M.D., President

CERTIFIED MAIL - RETURN RECEIPT REQUESTED