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1997 Sloan Place, Suite 22
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April 6, 1995

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

2520040153521

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

Dear Sir/Madam:

Pursuant to Department of Labor Regulations, 29 C.F.R. 2520.104-23, under Section 110 of Title I of the Employee Retirement Income Security Act of 1974, Hospital Pathology Associates, P.A. provides the following information in compliance with the alternative method of reporting and disclosure for unfunded plans maintained for a select group of management or highly compensated employees.

1. Name and address of employer:

Hospital Pathology Associates, P.A.
1997 Sloan Place
Maplewood, MN 55117

2. Employer Id #: 41-1329624

3. Hospital Pathology Associates, P.A. maintains a plan or plans primarily to provide deferred compensation benefits for a select group of management or highly compensated employees.

4. Number of such plans and number of participants in each plan:

Number of Plans

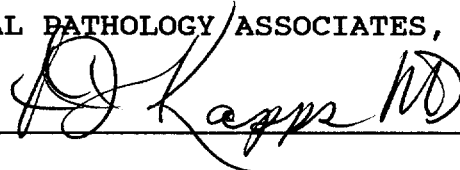
Number of Participants

1

20

HOSPITAL PATHOLOGY ASSOCIATES, P.A.

By



Its President