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January 22, 2003

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

Re: Notice of Plan(s) of Deferred Compensation

Gentlemen:

Pursuant to DOL Reg. Sec. 2520.104-23, the undersigned employer files the following information with respect to its plan(s) of deferred compensation.

1. Name and Address of Employer:

Affinity Health Plan
One Fordham Plaza, Suite 220
Bronx, New York 10458
2. Federal Employer Identification No. (EIN): 13-3330672
3. Employer maintains 1 plan(s) of deferred compensation primarily for the purpose of providing deferred compensation to a select group of management or highly compensated employees.
4. 15 employee(s) is/are covered by such plan(s).

Upon request, the Employer agrees to provide the Department of Labor with a copy of the plan documents for the above-mentioned plan(s).

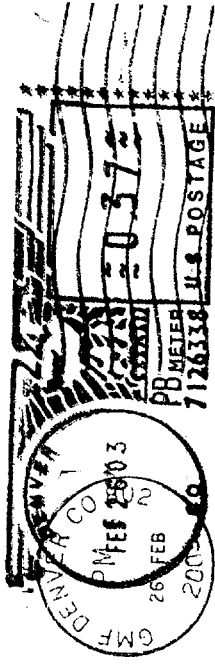
Sincerely,

Daniel Ward
Sr. Vice President/CFO

1125 Seventeenth St., P.O. Box 40316, Denver, CO 80201-6516

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 Pension and Welfare Administration
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