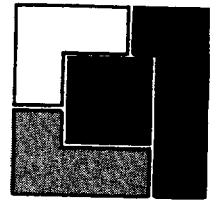


# KENNEDY

2520040184466



**Kennedy Memorial Hospitals  
University Medical Center**

**Corporate Office**  
500 Marlboro Avenue  
P.O. Box 5084  
Cherry Hill, NJ 08034-5084  
609/661-5100

September 14, 1992

Department of Labor  
Pension and Welfare Benefits Administration  
P.O. Box 75212  
Washington, D.C. 20013-5212

Gentlemen:

*ML 2780*

In connection with the Department of Labor's amnesty program, the following information is provided as a registration statement pursuant to DOL Reg. Section 1520.104-23 pertaining to the nonqualified deferred benefit plan maintained by Kennedy Memorial Hospitals-University Medical Center.

Name and address of the employer:

Kennedy Memorial Hospitals-  
University Medical Center  
P.O. Box 5084  
500 Marlboro Avenue  
Cherry Hill, NJ 08034-5084

Employer Identification Number: 22-1773439

Kennedy Memorial Hospitals-University Medical Center maintains a plan primarily for purposes of providing deferred compensation for a select group of management or highly compensated employees. The Medical Center only maintains one such plan which covers employees designated by the Medical Center Board of Trustees Compensation Committee. Currently only one employee has been so designated.

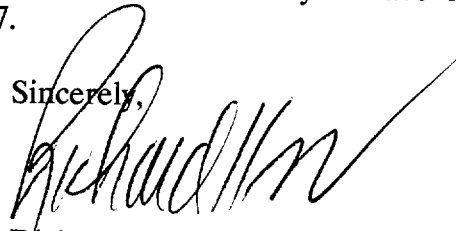


The Major Teaching Affiliate of the University of Medicine and Dentistry of New Jersey  
New Jersey School of Osteopathic Medicine

**Department of Labor**  
**September 14, 1992**  
**Page Two**

We have enclosed a check for \$1,000 payable to the U.S. Department of Labor to cover the penalty associated with the late filing of this registration statement. If you have any questions pertaining to this, please call me at 661-5217.

Sincerely,

A handwritten signature in black ink, appearing to read "Richard Koss", with a long, sweeping flourish extending to the right.

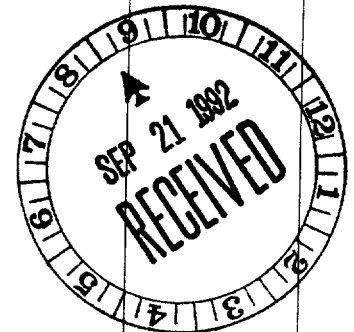
Richard Koss  
Assistant Vice President  
Fiscal Affairs

RK/pj  
Enclosure

7020 03 5:92 (609) 661-5190

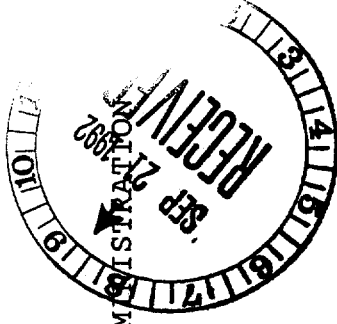
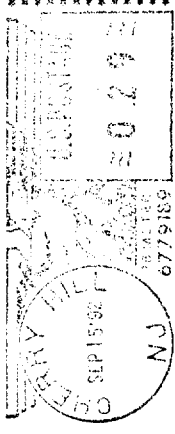
Kennedy Memorial Hospitals-University Medical Cen

Invoice Number	Invoice Amount	Discount	Amount Paid	Invoice Number	Invoice Amount	Discount	Amount Paid
Registration Statement			NE 2780				



Vendor No.	Vendor Name	Check No.	Check Date	Total Amount
	DEPT. OF LABOR	000096	9/14/92	\$1000.00

**KENNEDY**  
Kennedy Memorial Hospitals  
University Medical Center  
CORPORATE OFFICE  
500 Marlboro Avenue  
P.O. Box 5084  
Cherry Hill, NJ 08034-5084



DEPARTMENT OF LABOR  
PENSION AND WELFARE BENEFITS ADMINISTRATION  
P.O. BOX 75212  
WASHINGTON D.C. 20013-5212

