

2520040184742

ERISA LABOR DEPARTMENT STATEMENT

TO: Office of Pension and Welfare Programs
Labor Management Services Administration
U.S. Department of Labor
Washington, DC 20216

FROM: Employer: Community Mental Health Affiliates, Inc.
Employer Identification Number: 06-0934544
Address: 300 Main Street
Bristol, CT 06010

DATE: October 8, 1997

This is a statement required by 29 CFR Section 2520.104-23(a)(1) to be filed with the Secretary of Labor in respect to a Nonqualified Deferred Compensation Plan maintained by the above employer.

The employer currently maintains a Nonqualified Salary Reduction Plan for employees who are members of a select group of management or who are highly compensated.

The number of participants in the plan is 8.

Plan Administrator: Raymond J. Frageau

Title: Associate Director - Administrative Services

Employer: Community Mental Health Affiliates, Inc.

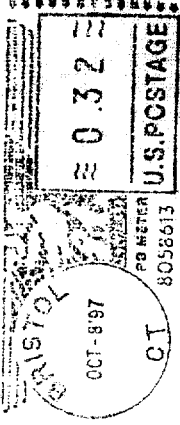
jeanne\lincoln2

7 OCT 27 11:44



COMMUNITY
MENTAL HEALTH
AFFILIATES, INC.

300 Main Street
Bristol, Connecticut 06010



Office of Pension and Welfare Programs
Labor Management Services Administration
U.S. Department of Labor
Washington, DC 20216

