



2520032032611

Dear Sir/Madam;

We are in receipt of your statement filed with the Secretary of Labor registering your deferred compensation plan (under 29 CFR 2520.104-23) for the above company.

The following information was omitted in the initial filing. Please furnish the necessary information indicated so we may complete your file.

Employer Identification Number (EIN) (9 digits) 02-0383661
Missing A digit

___ Address of participating company _____

___ Declaration (e.g., plan is for highly compensated employee(s)) _____

___ Number of employees participating in the plan(s) _____

___ Number of plans _____

___ Other: _____

___ If the plan has terminated, please give the date of termination: ___/___/___

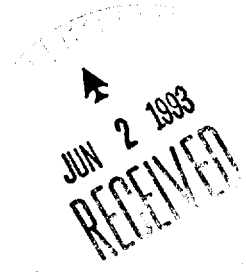
Please return this letter with the appropriate items completed within 30 days to:

Pension and Welfare Benefits Administration
U.S. Department of Labor
Frances Perkins Building, Room N-5644
200 Constitution Avenue, N.W.
Washington, D.C. 20210

Sincerely

Wayne L. G. [Signature]

Files and Disclosure Program Manager
Office of Program Services



UNITIL Service Corporation

216 Epping Road, Exeter, New Hampshire 03833-4571

December 23, 1992

Office of Employee Benefits Security
Labor Management Services Administration
U.S. Department of Labor
Washington, D.C. 20216

Dear Sirs:

The following statement is intended to comply with Part I of Title I of ERISA (ERISA Section 101-111).

Name of Employer
Address

UNITIL Service Corporation
216 Epping Road
Exeter, NH 03833-4571

Employer Identification No

02-033551

*only 8 Digits
02-0383661*

The Employer maintains a plan for the purpose of providing deferred compensation for a select group of management or highly compensated employees .

Name of Plan Supplemental Executive Retirement Plan

Number in Plan 5

If you have any questions, please contact me.

Sincerely,

William F. Lavallee
WFL

William F. Lavallee
Manager, Special Projects