

2520032032798

REPORTING AND DISCLOSURE STATEMENT
(For Unfunded Nonqualified Severance
Pay Plan For A Select Group)

To the Secretary of Labor:

In order to comply with the requirements of the alternative reporting and disclosure method under ERISA, Title 1, Part 1, as provided for an unfunded or insured pension plan for a select group of management or highly compensated employees in D.O.L. Reg. Section 2520.104-23, the following information is provided by the undersigned plan administrator:

- (1) The name of the employer is: Everhealth Foundation.
- (2) The mailing address of the employer is: 8000 S. Painter Ave.
Whittier, CA 90602
- (3) The employer's federal identification number (EIN) is:
95-2160081.
- (4) The number of plans and the number of participants in each plan is:

1 plan covering 2 employees

The above named employer maintains this plan primarily for the purpose of providing deferred compensation in the form of benefits to a select group of management or highly compensated employees. The employer will provide a copy of the agreement(s) to the Secretary of Labor upon request.

THE EVERHEALTH FOUNDATION

By: 

Plan Administrator

Dated: May 1st, 1993.

NOTE: The Statement should be mailed to: Office of Employee Benefits Security, Labor Management Services Administration, U.S. Department of Labor, Washington, DC 20216.

RECEIVED
MAY 1 1993