

2520043384452

STATEMENT AND DECLARATION

TO: Top Hat Plan Exemption
Pension and Welfare Benefits Administration
Room N-5644
U. S. Department of Labor
200 Constitution Avenue, N.W.
Washington, D.C. 20210

24,238

Pursuant to §2520.104-23(b) of the regulations of the Department of Labor [29 C.F.R. §2520.104-23(b)(1)] and as an alternative form of compliance with the reporting and disclosure requirements of Part I of ERISA:

1. The name and address of the employer is Physicians Eye Center of Owensboro, P.S.C., 2845 Farrell Crescent, Owensboro, Kentucky 42303. The Employer Identification Number (EIN) assigned by the Internal Revenue Service is 61-0964255

2. The employer maintains a plan or plans that may be deemed primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees under certain wage and salary continuation provisions of Employment Agreements with the below listed employees.

3. There is one such plan and arrangement consisting of 4 identical Employment Agreements with physician shareholder employees (totaling 4).

PHYSICIANS EYE CENTER OF
OWENSBORO, P.S.C.

PLAN ADMINISTRATOR:

PHYSICIANS EYE CENTER, P.S.C.

By: Garry N. Binegar M.D.
GARRY N. BINEGAR, M.D. PRESIDENT

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