

2520005096245

December 30, 1992

**CERTIFIED MAIL--  
RETURN RECEIPT REQUESTED**

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

**Re: Alternative Reporting and Disclosure Statement**

Dear Sir or Madam:

In compliance with the requirements of the alternative method of reporting and disclosure for unfunded plans for a select group of management or highly compensated employees pursuant to Part 1 of Title I of the Employee Retirement Income Security Act of 1974, as amended, and Department of Labor Regulation, 19 C.F.R. section 2520.104-23, the following information is provided:

**Name of Employer:**  
Shoreview Pediatrics, S.C.  
2315 North Lake Drive  
Milwaukee, Wisconsin 53211-4554

31508

**Employer Identification Number:**  
39-1722593

**Number of Unfunded Deferred Compensation  
Plans Maintained by Employer:**  
Four

**Number of Employees Initially in the Plans:**  
Four

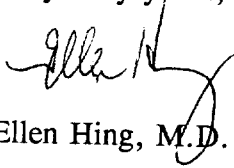
Top-Hat Plan Exemption  
Pension and Welfare  
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The employer adopted the plans for the purpose of providing deferred compensation for a select group of management or highly compensated employees. A copy of the plans will be provided to the Secretary of Labor upon request.

This filing is intended to take advantage of the Department of Labor amnesty program. Accordingly, we have enclosed a \$1,000.00 check to cover the penalty fee.

Please call me if you have any questions.

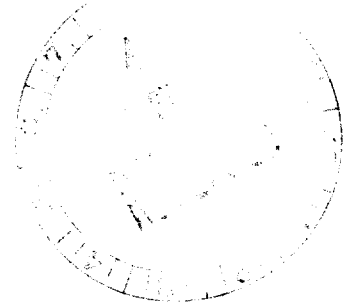
Very truly yours,

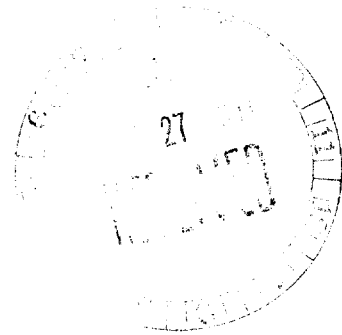


Ellen Hing, M.D.

Enclosure

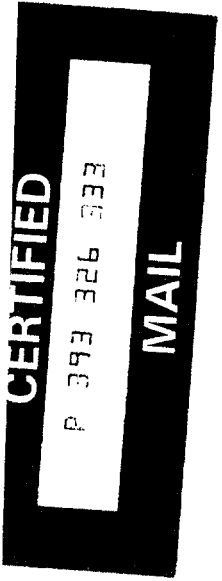
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*[Handwritten signature]*

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