

2520005097582



PORTLAND PIPE LINE CORPORATION

DAVID E. CYR
TREASURER

December 17, 1992

TELEPHONE
(207) 767-0450

FACSIMILE
(207) 767-0442

Top-Hat Filing
Pension and Welfare
Benefits Administration
U. S. Department of Labor
Room N-5644
Washington, DC 20210

JAN - 5 1993

Dear Sir or Madam:

Re: Top-Hat Filing

Portland Pipe Line Corporation hereby provides notice, in accordance with Department regulations at 29 C.F.R. §2520.104-23, that it maintains a so-called Top-Hat Plan for a certain executive. As required by the regulation, the following information is provided:

Name and address of employer:

Portland Pipe Line Corporation
30 Hill Street
P. O. Box 2590
South Portland, ME 04116-2590

18,847

Tax identification number of employer:

01-0193391

Employer declaration:

Portland Pipe Line Corporation maintains a plan primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

Statement of number of plans and number of employees in each:

Presently, the Corporation maintains one deferred compensation plan, covering one employee.

If you have any questions concerning this statement, please do not hesitate to contact me.

Very truly yours,

DEC/mg



PORTLAND PIPE LINE CORPORATION

DAVID E. CYR
TREASURER

December 17, 1992

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(207) 767-0450

Pension and Welfare
Benefits Administration
U. S. Department of Labor
P. O. Box 75212
Washington, DC 20013-5212

FACSIMILE
(207) 767-0442

JAN - 5 1993

Dear Sir or Madam:

Re: Form 5500 Amnesty Program/Top-Hat Filing

Enclosed for filing, in accordance with Department regulations at 29 C.F.R. §2520.104-23, is the required statement with respect to a deferred compensation plan maintained by Portland Pipe Line Corporation. Enclosed also is our check in the amount of \$1,000; we understand that this one filing and one fee will cover this Plan.

If you have any questions or there is any problem with this filing, please contact me at your earliest convenience.

Very truly yours,

DEC

DEC/mg

Enc.

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

JAN - 5 1993

18,847

PORTLAND PIPE LINE CORPORATION

011345

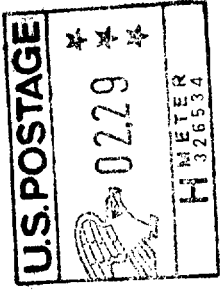
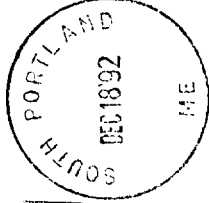
OUR REF. NUMBER	YOUR INVOICE NUMBER	INVOICE DATE	INVOICE AMOUNT	AMOUNT PAID	DISCOUNT TAKEN	NET CHECK AMOUNT
026902		12/16/92	1000.00	1000.00	0.00	1000.00

PLEASE DETACH BEFORE PRESENTING FOR PAYMENT



PORTLAND PIPE LINE CORPORAT
30 HILL ST. • P.O. BOX 2590 • SO. PORTLAND, MAINE

P 389 747 605



**CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

**PENSION AND WELFARE
BENEFITS ADMINISTRATION
U S DEPARTMENT OF LABOR
PO BOX 75212
WASHINGTON DC 20013-5212**