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August 4, 1999

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: Notice of Top Hat Filing - The American Board of Anesthesiology, Inc.

Dear Sir or Madam:

Pursuant to Department of Labor Regulation §2520.104-23, as legal counsel to The American Board of Anesthesiology, Inc. which is the sponsor of The American Board of Anesthesiology, Inc. Supplemental Executive Retirement Plan ("Plan"), adopted on August 1, 1999, I am filing this notice on its behalf:

1. The American Board of Anesthesiology, Inc. is the employer and has its main business office at 4101 Lake Boone Trail, Suite 510, Raleigh, North Carolina 27607-7506.
2. The employer identification number for The American Board of Anesthesiology, Inc. is ~~06-0646523~~.
3. The Plan is the one deferred compensation plan sponsored by The American Board of Anesthesiology, Inc. that provides benefits to a select group of management or highly compensated employees.
4. The number of employees currently in the Plan is two.

Please contact me if you have any questions.

Sincerely,



Richard I. Cohen

cc: Francis P. Hughes, Ph.D.

HARTFORD

STAMFORD

LAKEVILLE

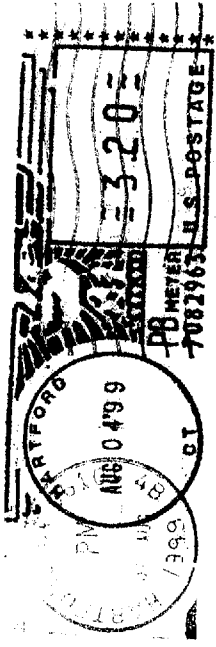
BOSTON

CERTIFIED

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