



**Blue Cross  
Blue Shield**  
of Florida

P.O. Box 60729  
Jacksonville, Florida 32236-0729

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PUBLIC SERVICE

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June 22, 1998

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

RE: NOTICE OF PLAN OF DEFERRED COMPENSATION

Ladies and Gentlemen:

Pursuant to Department of Labor Regulation Section 2520.104-23, the undersigned employer files the following information with respect to its plan of deferred compensation:

1. Name of Employer:

Blue Cross and Blue Shield of Florida, Inc.  
4800 Deerwood Campus Parkway  
Jacksonville, FL 32246-8273

2. Federal Employee Identification Number: R59-2015694

3. The Employer maintains one plan of deferred compensation primarily for the purpose of providing deferred compensation to a select group of management or highly-compensated employees.

4. One employee is covered by the plan.

Sincerely,

Janet M. Rogers  
Assistant Corporate Secretary

/jr



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