

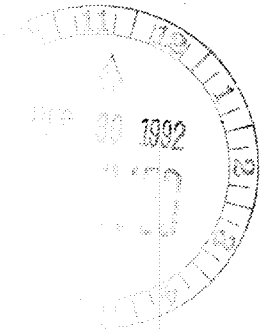


Missouri Delta Medical Center

2520053321287

December 18, 1992

Office of Employee Benefits Security
Labor Management Service Administration
U.S. Department of Labor
200 Constitution Avenue, NW
Washington, D.C. 20216



RE: Notice of Nonqualified Plan-Amnesty Program

Gentlemen:

Pursuant to DOL Reg. Sec. 2520.104-23, the undersigned employer hereby files the following information with respect to its plan of deferred compensation.

1. Name and Address of Employer:
Missouri Delta Medical Center
1008 North Main
Sikeston, Missouri 63801-5099
2. Federal Employer Identification No. (EIN): 43-0633449
3. The employer maintains one excess benefit plan.
4. 118 employees are covered by such plan.

Enclosed you will find our check in the amount of \$1,000.

Sincerely,

Charles Ancell
Administrator

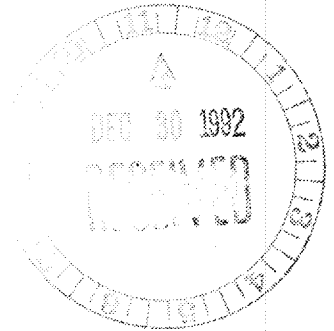
CDA/ktc

Enclosure

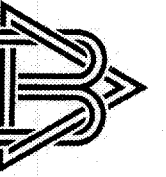
"Caring for you and those you care about"

1008 North Main
Sikeston, Missouri 63801-5099
(314) 471-1600
Fax: (314) 471-5075

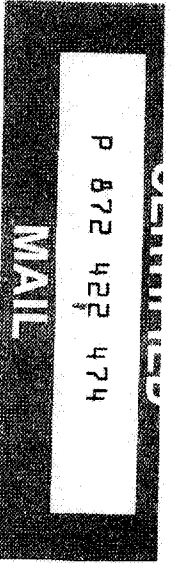
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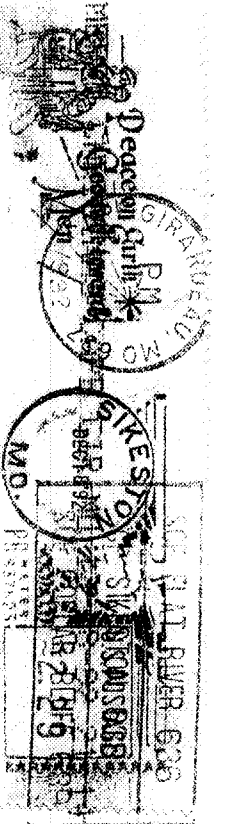
17,056



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