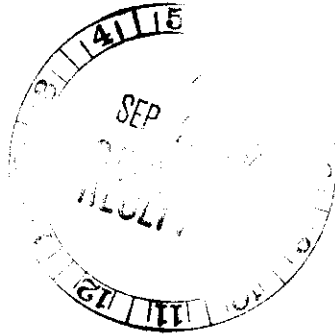


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CHECK # 6326

Filing required under ERISA Re: deferred
compensatoion plans ndl

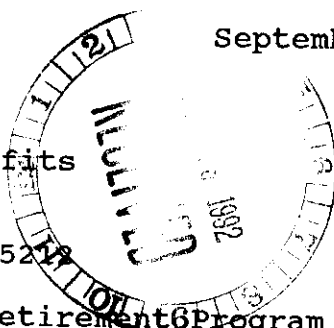


267 Grant Street
P.O. Box 5000
Bridgeport, CT 06610
Telephone: 203 384-3000

September 22, 1992

CERTIFIED MAIL, R.R.R.

Pension and Welfare Benefits
Administration
P.O. Box 75212
Washington, D.C. 20013-5212



Re: Supplemental Retirement Program

Dear Sir/Madam:


Pursuant to Regulation §2520.104-23, this statement is being filed in connection with the above-referenced plan.

The employer sponsoring the Supplemental Retirement Program is Bridgeport Hospital and its affiliate, Mill Hill Medical Consultants, Inc. The Hospital is located at 267 Grant Street, Bridgeport, Connecticut 06604. Its Employer Identification Number is 06-0646554.

The undersigned hereby declares that Bridgeport Hospital and its affiliate maintain the Supplemental Retirement Program primarily for the purpose of providing deferred compensation for a select group of management and highly compensated employees. At present, there is one such program and the number of employees participating is 18.

Since this statement is being filed under the Department's expanded program for assessing civil penalties, enclosed is a check payable to the U.S. Department of Labor in the amount of \$1,000.

Very truly yours,


Joseph Jannell
Senior Vice President
Human Resources

Enclosures

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J. Jannell
Sr. Vice President
Bridgeport Hospital
267 Grant Street
Bridgeport, CT 06610

CERTIFIED
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MAIL

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0720
MAY 19 1983

Pension and Welfare Benefits
Administration
P.O. Box 75212
Washington, DC 20013-5212

