

LEGAL SERVICES DIVISION



**BlueCross
BlueShield
of Kansas**

An independent licensee of the Blue Cross and Blue Shield Association

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U.S. DEPT. OF LABOR
PUBLIC DISCLOSURE
60 OCT 27 AM 11:51

October 18, 2000

Top Hat Plan Exemption
Pension and Welfare Benefits Administration
Room N-5638
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, D.C. 20210

**RE: BLUE CROSS AND BLUE SHIELD OF KANSAS, INC.; STATEMENT OF
ADOPTION OF UNFUNDED DEFERRED COMPENSATION PLAN FOR
A SELECT GROUP OF MANAGEMENT OR HIGHLY COMPENSATED
EMPLOYEES**

Ladies and Gentlemen:

Enclosed for filing in accordance with Department of Labor Regulation §2520.104-23 is a Statement of the Adoption of Unfunded Deferred Compensation Plan for Select Group of Management or Highly Compensated Employees. This statement is being filed pursuant to Section 4(b) of the Delinquent Filer Voluntary Compliance Program and we are complying with the provisions of the program in all other respects.

Very truly yours,

A handwritten signature in black ink, appearing to read "WHP", written over a circular stamp.

William H. Pitsenberger
Vice-President/General Counsel/Corporate Secretary

WHP:kr

Enclosure

**STATEMENT OF ADOPTION OF UNFUNDED DEFERRED
COMPENSATION PLAN FOR A SELECT GROUP OF
MANAGEMENT OR HIGHLY COMPENSATED EMPLOYEES**

Name of Employer: Blue Cross and Blue Shield of Kansas, Inc.
Address of Employer: 1133 Topeka Blvd.
Topeka, Kansas 66629
Employer Identification No.: 48-0952857

Declaration of Plans:

On March 21, 1994, the Employer adopted the Blue Cross and Blue Shield of Kansas, Inc., Deferred Compensation Plan, a plan established primarily for the purpose of providing benefits to certain employees who are members of a select group of management or highly compensated employees. The number of employees who are participants in the plan is 9.

On the date of this statement, the employer has filed under the Delinquent Filer Voluntary Compliance Program the required abbreviated Form 5500 together with the applicable penalty amount.

Dated: 10/23/2000

**BLUE CROSS AND BLUE SHIELD OF
KANSAS, INC.**

By: 

VOUCHER NUMBER	INVOICE NUMBER	PURCHASE ORDER	INVOICE DATE	AMOUNT	DISCOUNT	NET AMOUNT
545345	101900		10-19-00	2,500.00	.00	2,500.00
TOTALS				2,500.00	.00	2,500.00