

DRS. TORTORA, DASILVA & FLAHERTY, P.C.

MICHAEL J. TORTORA, M.D.

JOHN M. DASILVA, M.D.

JAMES F. FLAHERTY, M.D.

KISHAN N. TANDON, M.D.

KRISTEN A. ZARFOS, M.D., F.A.C.S.

290 COLLINS STREET • HARTFORD, CT 06105
TELEPHONE: (860) 522-1024 • FAX: (860) 278-4613

2520060621291

06 JAN 19 AM 9:22

December 30, 2005

CERTIFIED MAIL/
RETURN RECEIPT REQUESTED

Top Hat Plan Exemption
Employee Benefits Security Administration
Room N-5638
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, DC 20210

Re: DRS. TORTORA, DASILVA & FLAHERTY, P.C. TERMINATION AND DEFERRED
COMPENSATION AGREEMENT

Dear Sir/Madam:

In order to comply with the reporting and disclosure requirements of Part I of Title I of the Employee Retirement Income Security Act of 1974, and pursuant to Regulation Section 2520.104-23 of the Department of Labor, the undersigned hereby submits the following:

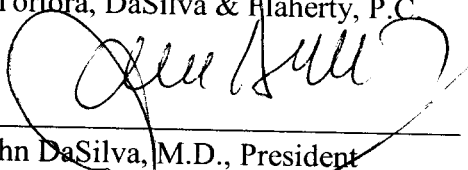
- (1) **Name of the Plan:** Termination and Deferred Compensation Agreement
- (2) **Name and Address of Employer:**
Drs. Tortora, DaSilva & Flaherty, P.C.
290 Collins Street
Hartford, CT 06105
- (3) **Employer ID No.:** 06-0886963.
- (4) The Employer maintains the Plan primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.
- (5) **Number of such plans maintained by the Employer or members of its controlled group:** One (1)
- (6) **Number of employees participating in the Plan:** One (1)

The Employer undertakes to provide to the Secretary of Labor any documents relating to the Plan upon request.

Very truly yours,

Drs. Tortora, DaSilva & Flaherty, P.C.

By



John DaSilva, M.D., President

TORTORA, DASILVA, FLAHERTY, P.C.
MICHAEL J. TORTORA, M.D.
JOHN M. DASILVA, M.D.
JAMES F. FLAHERTY, M.D.
KISHAN N. TANDON, M.D.

290 COLLINS STREET • HARTFORD, CT 06105



Top Hat Plan Exemption
Employee Benefits Security Admin.
Room N-5638
U.S. Department of Labor
200 Constitution Ave, N.W.
Washington, DC 20011

RETURN RECEIPT
REQUIRED

