

GOODWIN | PROCTER

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April 5, 2006

Certified Mail
Return Receipt Requested

Top Hat Plan Exemption
Employee Benefits Security Administration
Room N-1513
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, DC 20210

06 APR 13 AM 11:55

Re: Winchester Anesthesia Associates, Inc., EIN: 04-2432049

Dear Sir or Madam:

On behalf of the above-referenced employer, enclosed herewith please find a "Top Hat" statement required under Department of Labor Regulation Section 2520.104-23.

Please confirm receipt of this letter and its enclosures by stamping the receipt copy hereof and returning it to the undersigned in the enclosed self-addressed, stamped envelope.

Very truly yours,



Kristina Hansen Wardwell

Enclosures

cc: Mr. David E. Cohen

“TOP HAT” PLAN FILING
(Statement Required Under
Alternative Method of Compliance
with ERISA Reporting and
Disclosure Rules (DOL Reg. §2520.104-23))

1. Name and Address of Employer:

Winchester Anesthesia Associates, Inc.
41 Highland Avenue
Winchester, MA 01890

2. Employer Identification Number:

04-2432049

3. The Employer has adopted a plan primarily for the purpose of providing deferred compensation for a select group of individuals or highly compensated employees. The plan currently covers eight individuals.

4. Approval Date:

December 28, 2005

Mailed to: Top Hat Plan Exemption
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ALSO AVAILABLE



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FIRST CLASS MAIL

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