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2520080800472

April 20, 2007

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

077-1111

Re: Fallon Community Health Plan, Inc. Supplemental Executive Retirement Plan

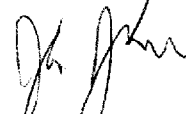
Dear Sir/Madam:

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 attached Reporting and Disclosure Registration Compliance Statement.

Please acknowledge receipt of the enclosed by date-stamping the enclosed copy of this letter and returning it to me in the enclosed self-addressed, stamped envelope.

Very truly yours,

REID and RIEGE, P.C.

  
John J. Jacobson

Enclosure  
cc/encl: Ms. Bonnie Cook

**REPORTING AND DISCLOSURE REGISTRATION COMPLIANCE STATEMENT**

PURSUANT TO REGULATION §2520.104-23 OF THE DEPARTMENT OF LABOR

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Fallon Community Health Plan, Inc. (the "Employer") hereby notifies the Department of Labor in writing of the following information, in order to comply with the reporting and disclosure requirements of Part 1 of Title I of the Employee Retirement Income Security Act of 1974, in accordance with Regulation Section 2520.104-23 of the Department of Labor. The undersigned Employer hereby states the following in connection with the Fallon Community Health Plan, Inc. Supplemental Executive Retirement Plan (the "Plan"):

(1) Name of Plan:

Fallon Community Health Plan, Inc. Supplemental Executive Retirement Plan

(2) Name, Address and Employer Identification Number of Employer:

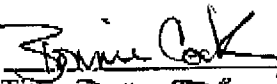
Fallon Community Health Plan, Inc  
10 Chestnut Street  
One Chestnut Place  
Worcester, MA 01608  
Employer ID No.: 23-7442369

(3) The Employer maintains the Plan primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

(4) Number of such plans maintained by the Employer: 1

(5) Number of employees participating in the Plan: 32

FALLON COMMUNITY HEALTH PLAN, INC.

By   
Title: DIRECTOR, BENEFITS & HRIS  
Date: 4-13-07

SEE ENVELOPE TO THE RIGHT  
FOR FOLDING INSTRUCTIONS  
FOLD AT DOTTED LINE

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TO:

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