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April 24, 2009

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

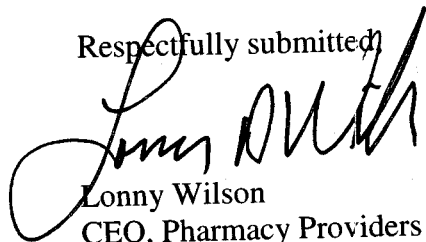
Dear Sir or Madam:

In order to comply with the requirements of the alternative reporting and disclosure method under ERISA, Parts 1, Title 1, as provided for an unfunded plan for a select group of management or highly compensated employees in the D.O.L. Regulation 2520.104-23 the following information is provided:

1. The name of the employer is:
Pharmacy Providers of Oklahoma, Inc.
2. The mailing address of the employer is:
PO Box 18204, Oklahoma City, OK, 73154
3. The employer's federal identification number (EIN) is:
73-1250178
4. The number of plans and the number of participants in each plan is:
3 plans covering 1 employee each. The above named employer maintains this plan primarily for the purpose of providing deferred compensation benefits to a select group of management or highly compensated employees.

The employer will send a copy of all plan documents and agreements to the Secretary, upon request.

Respectfully submitted,



Lonny Wilson
CEO, Pharmacy Providers of Oklahoma, Inc.



P.O. Box 18204
Oklahoma City, OK 73154

www.ppok.com

**RETURN RECEIPT
REQUESTED**

CERTIFIED MAIL



7008 3230 0002 2745 1709



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0004388311
\$ 05.32⁰⁰
APR 24 2009
MAILED FROM ZIP CODE 73105

FIRST CLASS

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Employee Benefits Security Administration
Top Hat Plan Exemption
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Washington, DC 20210

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