

# CommunityCare

EBSA/PUBLIC DISCLOSURE

JUL 23 2009 PM 2: 00

July 23, 2009

VIA CERTIFIED MAIL  
RETURN RECEIPT NO. 7008-3230-0001-2693-8929

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

RE: CommunityCare HMO, Inc. Supplemental Retirement Plan for Key Employees  
CommunityCare HMO, Inc. Supplemental Retirement Plan #2 for Key Employees

Dear Sir or Madam:

CommunityCare HMO, Inc., ("Employer") is filing this notice for the CommunityCare HMO, Inc. Supplemental Retirement Plan for Key Employees and the CommunityCare HMO, Inc. Supplemental Retirement Plan #2 for Key Employees (the "Plans") to comply with the alternate method of compliance with the reporting and disclosure requirements of Part 1 of Title I of the Employee Retirement Income Security Act of 1974, as prescribed by 29 C.F.R. § 2520.104-23.

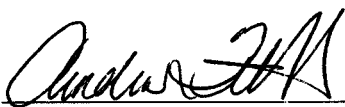
1. The CommunityCare HMO, Inc. Supplemental Retirement Plan for Key Employees and the CommunityCare HMO, Inc. Supplemental Retirement Plan #2 for Key Employees (the "Plans") are unfunded deferred compensation plans maintained by CommunityCare HMO, Inc. primarily for the purpose of providing deferred compensation for a select group of management or highly-compensated employees.
2. The name, address and employer identification number of CommunityCare HMO, Inc. are as follows:  

CommunityCare HMO, Inc.  
218 West 6<sup>th</sup> Street  
Tulsa, OK 74119  
Phone: 918/594-5200  
EIN: 73-1433979
3. The number of plans maintained by CommunityCare HMO, Inc for a select group of management or highly-compensated employees is two (2), and the number of employees currently in the CommunityCare HMO, Inc. Supplemental Retirement Plan for Key Employees Plan is six (6); and the number of employees currently in the CommunityCare HMO, Inc. Supplemental Retirement Plan #2 for Key Employees Plan is fifteen (15).

CommunityCare HMO, Inc. has filed a Delinquent Filer Voluntary Compliance program ("DFVCP") submission concurrently with the filing of this notice. If you have any questions regarding this filing or the DFVCP submission, please contact the undersigned.

Thank you for your attention to this matter.

CommunityCare HMO, Inc.

By: 

Title: VP, Human Resources



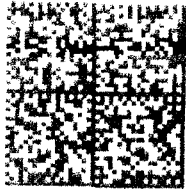
THE TRUST COMPANY  
OF OKLAHOMA

P.O. Box 3627  
Tulsa, Oklahoma 74101-3627

**CERTIFIED MAIL™**



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