



REID AND RIEGE, P.C.
COUNSELLORS AT LAW

JOHN V. GALIETTE
ATTORNEY

ONE FINANCIAL PLAZA
HARTFORD, CT 06103
Phone: (860) 240-1009
Cell: (860) 989-1279
Fax: (860) 240-1002
jgaliette@rrlawpc.com
www.rrlawpc.com

November 20, 2013
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, D.C. 20210

Re: Consortium Health Plans Incorporated Supplemental Defined Contribution Plan

Dear Sir/Madam:

On behalf of Consortium Health Plans Incorporated, the undersigned hereby submits the attached 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, as amended, and Regulation Section 2520.104-23 of the Department of Labor with respect to the Consortium Health Plans Incorporated Supplemental Defined Contribution Plan.

Please call me should you have any questions.

Very truly yours,
REID and RIEGE, P.C.

John V. Galiette

JVG:hs
Enclosure

cc: Ms. Miriam R. Leonard (w/enc)
Mr. Ronald O. Schlee (w/enc)



Consortium

HEALTH PLANS

10490 Little Patuxent Parkway
Suite 550
Columbia, MD 21044-3517

T 410.772.2910
F 410.884.1769
www.consortiumhealthplans.com

Miriam R. Leonard
President & CEO

November 20, 2013
**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

Re: Consortium Health Plans Incorporated Supplemental Defined Contribution Plan

Dear Sir or Madam:

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, and pursuant to Regulation Section 2520.104-23 of the Department of Labor, the undersigned hereby submits the following:

- (1) Name of Plan:

Consortium Health Plans Incorporated Supplemental Defined Contribution Plan
(the "Plan")
- (2) Name and Address of Employer:

Consortium Health Plans Incorporated
10490 Little Patuxent Parkway
Columbia, MD 21044
- (3) Employer ID No.: 36-3963715
- (4) The Employer maintains the Plan primarily for the purpose of providing deferred compensation for members of a select group of management or highly compensated employees.
- (5) Number of such plans maintained by the Employer or members of its controlled group: Three (3)
- (6) Number of employees participating in the Plan: Three (3)



Consortium


HEALTH PLANS

Top Hat Plan Exemption
Employee Benefits Security Administration
November 20, 2013
Page 2

The Employer also maintains the Consortium Health Plans Incorporated Supplemental Benefit Plan (effective as of January 1, 2005) and the Consortium Health Plans Incorporated Supplemental Benefit Plan (frozen as of December 31, 2004).

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

Very truly yours,
CONSORTIUM HEALTH PLANS,
INCORPORATED

By: 

Name: Miriam R. Leonard

Title: President and Chief Executive Officer

CERTIFIED MAIL™

FIRST CLASS

FIRST CLASS



7010 2780 0002 5205 0074

neopost
11/20/2013

US POSTAGE

\$06.77



ZIP 06103
04111228915

FIRST CLASS MAIL



REID AND RIEGE, P.C. ONE FINANCIAL PLAZA
COUNSELLORS AT LAW HARTFORD, CT 06103

TO:

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, D.C. 20210

CERTIFIED MAIL
RETURN RECEIPT
REQUESTED

FIRST CLASS

FIRST CLASS

FIRST CLASS

FIRST CLASS