

2520032541040

**LINCOLN RADIOLOGY GROUP, P.C.**

1600 South 48th Street  
Lincoln, Nebraska 68506

Lincoln Radiology Group, P.C. is filing this statement to meet the Top Hat Exemption for reporting and disclosure requirements of the Employee Retirement Income Security Act of 1974 (ERISA) under DOL Reg. Sec. 2520.104-23. These regulations provide an exception to the Form 5500 filing requirements.

*Plan sponsor's name and address:*

Lincoln Radiology Group, P.C.  
1600 South 48th Street  
Lincoln, Nebraska 68506

*Employer identification number:*

47-0548630

Lincoln Radiology Group, P.C. maintains a deferred compensation arrangement primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees. Lincoln Radiology Group, P.C. provides one such plan and currently has six employees covered by the arrangement.

Lincoln Radiology Group, P.C. will provide a copy of the deferred compensation arrangement upon the request of the DOL.

  
Plan Administrator

10/8/92  
Date



# LINCOLN RADIOLOGY GROUP, P.C.

Practice Limited to Diagnostic & Interventional Radiology

Larry G. Cromwell, M.D.  
Eugene H. Kang, M.D.  
Van L. Marcus, M.D.  
David J. Hilger, M.D.  
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1600 South 48th Street • Lincoln, Nebraska 68506 • 402/483-3198 • FAX 402/483-8396

October 5, 1992

U.S. Department of Labor  
Pension and Welfare Benefits Administration, Room N-5644  
200 Constitution Avenue, N.W.  
Washington, D.C. 20210

Re: Top Hat Plan Exemption

Lincoln Radiology Group, P.C. maintains a deferred compensation arrangement for a select group of management or highly compensated employees. Pursuant to the Department of Labor's amnesty program, which is scheduled to expire December 31, 1992, we have enclosed the required onetime statement that meets the alternative method of compliance under Department of Labor Regulation section 2520.104-23. We also enclose the required \$1,000.00 payment for the late filing of this statement.

It is our understanding that no filings of Form 5500 for this plan will be required. If you have any questions or need additional information, please call or write to the undersigned.

Very truly yours,



Larry G. Cromwell, M.D.  
Plan Administrator

LGC/dlc

Enclosure



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LARRY G. CROMWELL, M.D.  
LINCOLN RADIOLOGY GROUP

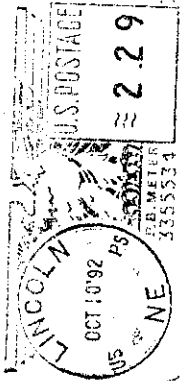
1600 South 48th Street • Lincoln, N

Fold at line over top of envelope to the  
right of the return address

**CERTIFIED**

P 196 046 401

**MAIL**



U. S. DEPARTMENT OF LABOR  
PENSION AND WELFARE BENEFITS ADMINISTRAT  
ROOM N-5644  
200 CONSTITUTION AVENUE, N.W.  
WASHINGTON, D.C. 20210

**RETURN RECEIPT  
REQUESTED**

