insurance purposes, according to the insurance statutes or the insurance regulations of the governing jurisdiction.

It does not include a claimant or his spouse, daughter, son, father, mother, sister or brother.

- "Retirement date" means the first of the following to occur:
  1. the effective date of your retirement benefits under:
     a. any plan of a federal, a state, a county, a municipal or an association retirement system for which you are eligible as a result of employment with your employer;
     b. any plan your employer sponsors; or
     c. any plan for which your employer:
        i. makes contributions; or
        ii. has made contributions.
  2. the effective date of your retirement benefits under the United States Social Security Act or any similar plan or act.

     But if you are in active employment and receiving retirement benefits under the United States Social Security Act or any similar plan or act you will not be considered retired.
- "Total disability" and "totally disabled" mean that, as a result of sickness or injury you are unable to perform each of the material duties of any gainful occupation for which you are reasonably fitted by training, education or experience.
- "Waiting period", as described in the Plan Outline, means the continuous length of time immediately before your eligibility date during which you must be in an eligible class.
- "You" means you, the employee.

ENROLLMENT AND THE DATE INSURANCE STARTS

When can you enroll?
You can enroll if you:

1. are in active employment with your employer; and
2. are in an employee class that is eligible for insurance.

What is your date of eligibility?
You will be eligible for insurance on the later of these dates:

1. the policy effective date, if you have completed the waiting period; or
2. the day after you complete the waiting period.

When does insurance start for you?
Insurance will start at 12:01 a.m. standard time (of the governing jurisdiction) on the day determined as follows, but only if your request for insurance is: (1) made with us through your employer; and (2) on a form satisfactory to us.
If you do not contribute toward any cost of a coverage for yourself, you will be insured for that coverage on the later of these dates:

1. your date of eligibility; or
2. the date we give our approval, if you terminated your insurance while continuing to be eligible. You must submit an application and evidence of insurability to us for approval. This will be at your expense.

If you do contribute toward any cost of any of the coverages for yourself, you will be insured for each contributory coverage on the latest of these dates:

1. your date of eligibility provided you have enrolled on or before that date;
2. your enrollment date provided you have enrolled on or before the 31st day after your date of eligibility; or
3. the date we give our approval, if you:
   a. enrolled more than 31 days after your date of eligibility; or
   b. terminated your insurance while continuing to be eligible.

In both cases, you must submit an application and evidence of insurability to us for approval. This will be at your expense.

Please note this exception.
The effective date of any initial, increased or additional insurance will be delayed if you are not in active employment because of an injury, a sickness, a temporary layoff or a leave of absence on the date that insurance would otherwise be effective. That insurance for you will start on the date you return to active employment.

LIFE INSURANCE

What is your death benefit?
If you die, the life insurance amount shown in the Plan Outline for your class will be paid in a lump sum to your beneficiary. You can elect to have your death benefit paid using one of the other arrangements we provide. But proof of death as required must be given to us before your death benefit will be paid.

LIFE DISABILITY BENEFIT FOR YOU

How do you qualify for the life disability benefit?
(Accidental Death and Dismemberment Benefits are not included.)

The life disability benefit is an extension of your life insurance during total disability if you qualify.
To qualify:

1. you must become totally disabled while you are insured and before you reach age 60;
2. you must be continuously totally disabled for at least 9 months;
3. you or a person acting for you must notify us of your total disability within 1 year from the date your total disability started; and
4. you or a person acting for you must give us proof of your continuous total disability. The first proof must be given to us between the 9th and 12th month after the date your total disability started. Continuing proof of total disability must be given as we may require, at regular intervals. But after two years, we will not require proof more often than once a year.

If it is not possible to give us notice or proof of your total disability within these time limits, it must be given as soon as reasonably possible. But it may not be given more than 3 months later than the time either the notice or proof is otherwise required.

When do premium payments end?
Once proof of your total disability is approved by us, your life insurance will remain in force without premium payments until your life disability benefit ceases under the termination provisions below.

FJS0178

What is the life amount we keep in force while on the life disability benefit?
The life amount we keep in force for you is that amount in effect on your last day of active employment. But all reductions and termination provisions in effect on your last day of active employment will still apply to that continued amount.

When does your life disability benefit terminate?
Your life disability benefit will terminate on the earliest of these dates.

1. The date you are no longer totally disabled.
2. The date you fail to give us continuing proof of your total disability.
3. The date you refuse to be examined as required.
4. Your retirement date.

What happens if you die within 1 year before giving us the first proof?
If you die within 1 year of the date your total disability started without giving us the first proof, your death benefit will still be paid to your beneficiary. But we must first receive proof of your:

1. continuous total disability from your last day of active employment to the date of your death; and
2. death as explained in the proof of claim provisions.

LIFE INSURANCE CONVERSION RIGHTS

What are the life insurance conversion rights that apply to you only?
You have the right to convert to a personal life policy the amount of your life insurance which terminates or reduces because you:

1. end employment;
2. change job status and so become ineligible;
3. retire;
4. reach a specified age; or
5. change employee class.

Your personal life policy amount can be equal to or less than the amount that terminated.

You also have the right to convert to a personal life policy the amount of any life insurance which terminates because:

a. the life insurance is terminated for your insurance class; or
b. the group policy is amended to exclude life insurance or is terminated.

But in both cases you must have been continuously insured under the group policy for at least 5 consecutive years just before that termination.

The maximum life amount that may be converted is the smaller of:

i. the terminated life amount less any life amount for which you are or become eligible under any other group policy within 31 days after that termination; or
ii. $10,000.

How do you apply for a personal life policy?
To apply, you must complete an application. That application along with the first premium payment must be sent to us. It must be done within 31 days from the date the life insurance terminated. No evidence of insurability is needed.

For complete details, contact the Insurance Administrator at your work location.

What happens to your personal life policy when we approve your proof for the life disability benefit?
If your personal life policy becomes effective and you later become approved for the life disability benefit, you:

1. must return that personal life policy;
2. will not receive any benefits under that personal life policy; and
3. will receive a premium refund for that personal life policy.

What is the death benefit during the 31 day conversion period?
If you die during the 31 day conversion period, we will pay a death benefit. The death benefit will:

1. be paid under the group policy and not under the personal life policy; and
2. equal the maximum life amount which you might have otherwise converted.

The personal life policy must be returned to us without claim, except for a premium refund.

LIFE INSURANCE INCONTESTABILITY FOR YOU

What are the conditions for contesting the validity of any life insurance?
No statements made by you while applying for life insurance will be used to contest the validity of that insurance:

1. after that insurance has been continuously in force for two years during your lifetime; nor
2. unless those statements are contained in a written instrument signed by you and a copy of that instrument is or has been given to:
   a. you; or
   b. your beneficiary, if any.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS FOR YOU

What are your accidental death and dismemberment benefits?
If you suffer any of the insured losses shown in the Schedule of Losses and Benefits below, a benefit will be paid in a lump sum. You can elect to have your death or your dismemberment benefit paid using one of the other arrangements we provide. Your death benefit is paid to your beneficiary. Your dismemberment benefit is paid to you. But first we must receive proof that:

1. you sustained an accidental bodily injury which caused an insured loss;
2. the event causing the accidental bodily injury occurred while you were insured under the policy; and
3. the insured loss occurred within 90 days after the date of the event causing the accidental bodily injury.

SCHEDULE OF LOSSES AND BENEFITS

For loss of	The Benefit will be *
Life	The Full Amount
Both Hands or Both Feet or Sight of Both Eyes	The Full Amount
One Hand and One Foot	The Full Amount
<One Hand or One Foot> and Sight of One Eye	The Full Amount
One Hand or One Foot	One Half The Full Amount
Sight of One Eye	One Half The Full Amount

*The Full Amount is shown in the Plan Outline.

For hands or feet, "loss" means dismemberment by severance at or above the wrist or ankle joint. For eyes, "loss" means the total and irrecoverable loss of sight.

No more than the full amount will be paid for all your losses sustained in any one event causing the accidental bodily injury.

FJS0182

What are the accidental death and dismemberment benefits exclusions?

No accidental death and dismemberment benefits will be paid for loss caused by or contributed to by:

1. disease of the body, mental infirmity or diagnostic, medical or surgical treatment;
2. suicide, intentional self-destruction while sane, intentionally self-inflicted injury while sane, or self-inflicted injury while insane.
3. war, declared or undeclared, or any act of war;
4. active participation in a riot;
5. committing or attempting to commit an assault or a felony; or
6. illegal use of drugs. This exclusion will not apply if the drug is prescribed for you by a physician.

BENEFICIARY DESIGNATION (FOR DEATH BENEFITS UNDER LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT)

How do you designate or change a beneficiary?
At the time you become insured, you should name a beneficiary for your death benefits under your life insurance and accidental death and dismemberment benefits. You may change your beneficiary at any time by filing a form approved by us with your employer. The new beneficiary designation will be effective as of the date you sign that form. But if we have taken any action or made payment before your employer receives that form, that change will not go into effect. It is important that you name a beneficiary and keep your designation current. If more than one beneficiary is named and you do not designate their order of rights, the beneficiaries will share equally. The share of a beneficiary who dies before you will pass to any surviving beneficiaries in the order you designated. Your death benefits will be paid to your estate if:

1. you die without naming a beneficiary; or
2. all beneficiaries you have named die before you.

If you have not elected payment under any option other than lump sum, your beneficiary may after your death.

What are our facility of payment rights?
Instead of making a death payment to your estate, we have the right to make that payment to any one or more of the following surviving relatives: spouse, parent, child, brother or sister.

If a benefit is payable to a minor or anyone not competent, we may pay up to $1,000 to the person or institution that appears to have assumed custody and main support. We may do this unless or until your beneficiary's appointed legal representative makes a formal claim. If we make such a payment in good faith, it fully discharges our duty to pay it again.

At our judgment, a part of your death benefit may be applied to funeral and other expenses incident to your last sickness and death. That amount will be the lesser of $1,000 or the maximum amount allowed by law.

FJS0184

ASSIGNABILITY RIGHTS
(LIFE INSURANCE AND ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS)

What are your assignability rights for the death benefits under your life insurance and accidental death and dismemberment benefits?

- The rights provided to you by the policy for life insurance and accidental death benefits are owned by you, unless:
  1. you have previously assigned these rights to someone else (known as an "assignee"); or
  2. you assign your rights under the policy to an assignee.

- We will recognize an assignee as the owner of the rights assigned only if:
  a. the assignment is in writing, signed by you, and acceptable to us in form; and
  b. a signed or certified copy of the written assignment has been received and registered by us at our home office.

- We will not be responsible for the legal, tax or other effects of any assignment, or for any action taken under the policy's provisions before receiving and registering an assignment.

SOME GENERAL INFORMATION TO KNOW

When does your insurance terminate?
Your insurance under the policy terminates at the earliest time stated below.

1. The date the policy is terminated.
2. The date you no longer are in a class eligible for insurance.
3. The date your class is no longer covered by the policy.
4. The end of the period for which your last contribution for your insurance has been paid.
5. The date your employment terminates. Your employment will be considered terminated if you cease active employment.

But what happens if you are not in active employment because of an approved absence?

- Injury or sickness, temporary layoff or leave of absence.
  Your insurance may be continued by your employer, subject to premium payment, up to the time limits shown in the Plan Outline.

How can statements made in any application for this insurance be used?
In the absence of fraud, all statements you made when applying for this insurance and providing evidence of insurability are considered representations and not warranties (absolute guarantees). No statements by you will be used to reduce or deny a claim unless a copy of your statements have been given to:

1. you; or
2. your beneficiary, if any.

How do you claim benefits?
(For Life Disability Benefits See Its Own Notice And Proof Of Claim Provisions) If you have a claim, there are some conditions and time limits which you or a person acting for you and we must meet.
They are:

- Notice of claim.
  Written notice of a claim must be given to us within 30 days after the date of loss on which claim is based. If that is not possible, we must be notified as soon as it is reasonably possible to do so.
- The claim form.
  When we have written notice of claim, we will send our claim forms unless your employer has already provided them. If the claim forms are not received by you within 15 days after that notice is sent, written proof of claim can be sent to us without waiting for the forms.
- Proof of claim.
  1. Proof of claim must be given to us no later than 90 days after the date of loss. A certified copy of a death certificate must be given to us for proof of death.
  2. If it is not possible to give proof within this time limit, it must be given as soon as reasonably possible. But proof of claim may not be given later than 1 year after the time proof is otherwise required, except if you are legally unable to notify us.
  3. The proof must cover:
     a. what the loss is;
     b. the date of the loss; and
     c. the cause of the loss.
  4. We may require as part of the proof authorizations to obtain medical and nonmedical information.
- Time of payment of claims.
  All benefits will be paid as soon as we receive proof of claim acceptable to us.
- Payment of claims.
  1. Benefits for loss of your life are payable:
     a. to your named beneficiary; or
     b. according to our facility of payment rights.
  2. All other benefits are payable to you. Any benefit unpaid at your death will be payable to your estate. If such benefits become payable to your estate, we have the right to pay up to $1,000 to any of your relatives whom we consider entitled to it. Such a payment might also be made if you are a minor or you are not competent. If we make a payment according to this provision in good faith to a relative, we will not have to pay this payment again.

What are our examination and autopsy rights?
We have the right to require that you be examined at our expense by a physician of our choice. We may do this when and as often as it is reasonably required.

We also have the right, in case of death, to require an autopsy where not forbidden by law. This will be at our expense.

What are the time limits for legal proceedings?
You or an authorized representative cannot start any legal action:

1. until 60 days after proof of claim has been given; nor
2. more than 3 years after the time proof of claim is required.

What happens if facts are misstated?
If relevant facts about you were not accurate:

1. a fair adjustment of premium will be made; and
2. the true facts will decide if and in what amount insurance is valid.

Can the policyholder act as our agent?
For all purposes of the policy, the Policyholder acts on its own behalf or as your agent. Under no circumstances will the Policyholder be deemed our agent.

SUMMARY PLAN DESCRIPTION

Name of Plan: SINCLAIR BROADCAST GROUP, INC.

Policy No.: 362459

Participants Included: See Plan Outline

Name and Address of Employer:
SINCLAIR BROADCAST GROUP, INC.
2000 W. 41st Street
Baltimore, MD 21211

Who Pays For the Plan: Your employer pays for the plan.

Plan Identification Number:
a. Employer IRS Identification No.: 52-0888546
b. Plan No.: 501

Plan Year: December 31

Plan Administrator, Name, Address and Telephone No.:
SINCLAIR BROADCAST GROUP, INC.
2000 W. 41st Street
Baltimore, MD 21211
(410) 539-0408

Agent for Service of Legal Process on the Plan:
Same as above

Loss of Benefits

On any premium due date the policyholder may terminate the policy(ies) or, subject to the insurance company's approval, may modify, amend or change the provisions, terms and conditions of the policy(ies). No consent of any participant or any other person referred to in the policy(ies) shall be required to terminate, modify, amend, or change the policy(ies).

NOTE: If you cease active employment, see your supervisor to determine what arrangements, if any, may be made to continue your coverage beyond the date you cease active employment.

What are your rights in the event of plan termination?

Termination of the policy under any conditions will not prejudice any payable claim which starts while this plan is in force.

When may this plan terminate?

1. If the policyholder fails to pay any premium within the grace period, the policy will automatically terminate at 12:01 standard time (of the governing jurisdiction) of the last day of the grace period. The "grace period" is the 31 days following a premium due date during which premium payment may be paid.

2. The policyholder may terminate the policy by advance written notice delivered to the Insurance Company at least 31 days prior to the termination date. But the policy will not terminate during any period for which premium has been paid.

3. The Insurance Company may terminate the policy on any premium due date by giving written notice to the policyholder at least 31 days in advance if:

   a. the number of employees insured is less than 10;
   b. less than 100% of the employees eligible for any noncontributory insurance are insured for it;
   c. less than 75% of the employees eligible for any contributory insurance are insured for it; or
   d. the policyholder fails:
      i. to furnish promptly any information which the Insurance Company may reasonably require; or
      ii. to perform any other obligations pertaining to the policy.

4. Termination may take effect on an earlier date when both the policyholder and the Insurance Company agree.

What are your rights under ERISA?

1. As a participant in this plan, you are entitled to certain rights and protection under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all Plan participants shall be entitled to:

a. Examine, without charge, at the Plan Administrator's office and at other specified locations, all Plan documents including insurance contracts, and copies of all documents filed by the Plan with the U. S. Department of Labor, such as detailed annual reports and plan descriptions.
b. Obtain copies of all Plan documents and other Plan information upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.
c. Receive a summary of the Plan's annual financial report. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report.

2. In addition to creating rights for Plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan.
3. The people who operate your Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the interest of you and other Plan participants and beneficiaries.
4. No one, including your employer, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a benefit or exercising your rights under ERISA.
5. If your claim for a benefit is denied in whole or in part you must receive a written explanation of the reason for the denial. You have the right to have the Plan review and reconsider your claim.
6. Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request materials from the Plan and do not receive them within 30 days, you may file suit in a federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to $100 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Administrator.
7. If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U. S. Department of Labor, or you may file suit in a federal court.

FJS0191

The court will decide who should pay court costs and legal fees. If you are successful the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

8. If you have any questions about your Plan, you should contact the Plan Administrator.
9. If you have any questions about this statement or about your rights under ERISA, you should contact the nearest Area Office of the U. S. Labor-Management Services Administration, Department of Labor.

What if your claim is denied?
In the event that your claim is denied, either in full or in part, the Insurance Company will notify you in writing within 90 days after your claim form was filed. Under special circumstances, the Insurance Company is allowed an additional period of not more than 90 days (180 days in total) within which to notify you of its decision. If such an extension is required, you will receive a written notice from the Insurance Company indicating the reason for the delay and the date you may expect a final decision. The Insurance Company's notice of denial shall include:

1. The specific reason or reasons for denial with reference to those policy provisions on which the denial is based;
2. A description of any additional material or information necessary to complete the claim and an explanation of why that material or information is necessary; and
3. The steps to be taken if you or your beneficiary wish to have the decision reviewed.

Please note that if the Insurance Company does not respond to your claim within the time limits set forth above, you should automatically assume that your claim has been denied and you should begin the appeal process at that time.

What do you do to appeal?
You, the claimant, or your authorized representative may appeal a denied claim within 60 days after you receive the Insurance Company's notice of denial. You have the right to:

1. Submit a request for review, in writing, to the Insurance Company;
2. Review pertinent documents; and
3. Submit issues and comments in writing to the Insurance Company.

The Insurance Company will make a full and fair review of the claim and may require additional documents as it deems necessary or desirable in making such a review. A final decision on the review shall be made not later than 60 days following receipt of the written request for review. If special circumstances require an extension of time for processing, you will be notified of the reasons for the extension, and a decision shall be made not later than 120 days following receipt of the request for review. The final decision on review shall be furnished in writing and shall include the reasons for the decision with reference, again, to those policy provisions upon which the final decision is based.

Plan Arranged by

100 South Charles Street
10th Floor
Baltimore, Maryland 21201
(301) 539-0411
(800) 444-2627

CORPORATE HEALTHCARE FINANCING

Plan Design Consultants

Underwritten by
UNUM Life Insurance Company of America
Portland, Maine

AC.1 2/92 Printed in U.S.A.

ANDREWS OFFICE PRODUCTS CAPITOL HEIGHTS, MD (K)

FIRST HEALTH
ATTENTION: TRISH LITTLE
P.O. BOX 211000
SALT LAKE CITY, UT 84121-9000

SINCLAIR BROADCAST GROUP, INC.
C/O PEGGY REDMILES
2000 W 41ST STREET
BALTIMORE, MD 21211

DATE OF BILL: MAY 07, 1994

DUE DATE: JUNE 01, 199

SOCIAL SEC. NO.	EMPLOYEE	CLASS	EFF. DATE	CODE	ADED PREM	ADED VOL	LIFE PREM	LIFE VOL	LTD PREM	LTD VOL	MED PREM	ALTRV EFF	WDI EFF	TOTAL
191426231	AMY, DAVID	A001-A	11/01/91		[redacted]									
215401196	REDMILES, MARGAR	A001-C	11/01/91											
214388059	REYNOLDS, LEILON	A001-C	11/01/91											
215923389	SMITH, ROBERT	B001-A	11/01/91											
212525979	SMITH, J.DUNCAN	B001-A	11/01/91											
213541651	SMITH, FREDERICK	B001-A	11/01/91											
213541652	SMITH, DAVID	B001-A	11/01/91											
215963541	TIPTON, MYRA	A001-C	11/01/91											
081605635	TROTTER JR, BRUC	A001-C	05/02/93											
228842676	WAX, BETH	A001-C	10/31/93											
217580175	ZARUBA, MICHAEL	A001-C	04/01/92											
*** ADJUSTMENTS ***														
215965631	DEUTSCHMAN, SCOT	A001-C	04/01/94	T	[redacted]									

BENEFIT	COVERED EMPLOYEES	VOLUME INSURED	PREMIUM	DEPENDENT LIVES	DEPENDENT PREMIUM
ADED	11	[redacted]	[redacted]	0	00
LIFE	11			0	00
LTD	11			0	00
MED	11	0		5	[redacted]
ALTRV	11	0		0	00
WDI	11	0		0	00

FIRST HEALTH

TOTAL THIS BILL

OUTSTANDING BALANCE
AS OF 05/07/94

PLEASE PAY THIS AMOUNT

I CERTIFY THAT EACH EMPLOYEE LISTED ON THIS PREMIUM STATEMENT IS AN ELIGIBLE EMPLOYEE IN ACCORDANCE WITH THE TERMS OF POLICY. I FURTHER CERTIFY THAT 100 PERCENT OF THE ELIGIBLE EMPLOYEES HAVE ENROLLED FOR THE PROGRAM.

APPROVED BY _____ DATE _____

C I (COVERAGE INDICATOR)

FJC0062

Federal Communications Commission

Docket No. 93-94 Exhibit No. 46 IAB32

Presented by Scripps Howard

Disposition
- Identified 9/13/94
- Received 9/13/94
- Rejected

Reporter R. McNurty

Date 9/13/94

ANDREWS OFFICE PRODUCTS CAPITOL HEIGHTS, MD (K)

LAW OFFICES
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TELECOPIER (202) 296-6518
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CLIENT'S COPY

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LARRY A. BLOSSER
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*NOT ADMITTED IN D.C.

BEN S. FISHER
(1890-1954)
CHARLES V. WAYLAND
(1910-1980)

OF COUNSEL
JOHN O. HEARNE

MCI MAIL: FWCLDC

May 31, 1991

Ms. Donna Searcy
Secretary
Federal Communications Commission
1919 M Street, N.W.
Washington, D.C. 20554

Re: Headquarters Unit - Annual EEO Report

Dear Ms. Searcy:

Transmitted in duplicate on behalf of Sinclair Broadcast Group, licensee of WBFF (TV) in Baltimore, Maryland, WTTE in Columbus, Ohio, WPTT in Pittsburgh, Pensylvania, and WIIB (TV) in Bloomington, Indiana, is the 1991 Annual Employment Report for the Headquarters Unit.

If you have any questions, please contact the undersigned.

Sincerely,

Martin R. Leader

MRL/ac
EEOLTR.HQ2

Attachment