

920148

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.



OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden hours per response... 1

SEC USE ONLY		
Prefix		Serial
DATE RECEIVED		



FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

PROCESSED
FEB 25 2003
THOMSON
FINANCIAL

Name of Offering (check if this is an amendment and name has changed, and indicate change.)

Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 506 ☐ Section 4(6) ☐ ULOE

Type of Filing: ☒ New Filing ☐ Amendment

A. BASIC IDENTIFICATION DATA

1. Enter the information requested about the issuer

Name of Issuer (check if this is an amendment and name has changed, and indicate change.)
LABORATORY CORPORATION OF AMERICA HOLDINGS

Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
358 SOUTH MAIN STREET, BURLINGTON, NORTH CAROLINA 27215 (336) 229-1127

Handwritten mark

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	☐ Promoter	☒ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
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Full Name (Last name first, if individual)
WELLINGTON MANAGEMENT COMPANY LLP

Business or Residence Address (Number and Street, City, State, Zip Code)
75 STATE STREET, BOSTON, MASSACHUSETTS 02109

Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☒ Executive Officer	☒ Director	☐ General and/or Managing Partner
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Full Name (Last name first, if individual)
THOMAS P. MAC MAHON

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o 358 SOUTH MAIN STREET, BURLINGTON, NORTH CAROLINA 27215

Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☒ Executive Officer	☐ Director	☐ General and/or Managing Partner
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Full Name (Last name first, if individual)
WESLEY R. ELINGBURG

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o 358 SOUTH MAIN STREET, BURLINGTON, NORTH CAROLINA 27215

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that ☐ Promoter ☐ Beneficial ☒ Executive Officer ☐ Director ☐ General and/or
Apply: Owner Managing Partner

Full Name (Last name first, if individual)
MYLA P. LAI-GOLDMAN, M.D.

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o 358 SOUTH MAIN STREET, BURLINGTON, NORTH CAROLINA 27215

Check Box(es) that ☐ Promoter ☐ Beneficial ☒ Executive Officer ☐ Director ☐ General and/or
Apply: Owner Managing Partner

Full Name (Last name first, if individual)
RICHARD L. NOVAK

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o 358 SOUTH MAIN STREET, BURLINGTON, NORTH CAROLINA 27215

Check Box(es) that ☐ Promoter ☐ Beneficial ☒ Executive Officer ☐ Director ☐ General and/or
Apply: Owner Managing Partner

Full Name (Last name first, if individual)
BRADFORD T. SMITH

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o 358 SOUTH MAIN STREET, BURLINGTON, NORTH CAROLINA 27215

Check Box(es) that ☐ Promoter ☐ Beneficial ☒ Executive Officer ☐ Director ☐ General and/or
Apply: Owner Managing Partner

Full Name (Last name first, if individual)
STEVAN R. STARK

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o 358 SOUTH MAIN STREET, BURLINGTON, NORTH CAROLINA 27215

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- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that ☐ Promoter ☐ Beneficial ☐ Executive Officer ☒ Director ☐ General and/or
Apply: Owner Managing Partner

Full Name (Last name first, if individual)
JEAN-LUC BELINGARD

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o 358 SOUTH MAIN STREET, BURLINGTON, NORTH CAROLINA 27215

Check Box(es) that ☐ Promoter ☐ Beneficial ☐ Executive Officer ☒ Director ☐ General and/or
Apply: Owner Managing Partner

Full Name (Last name first, if individual)
WENDY E. LANE

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o 358 SOUTH MAIN STREET, BURLINGTON, NORTH CAROLINA 27215

Check Box(es) that ☐ Promoter ☐ Beneficial ☐ Executive Officer ☒ Director ☐ General and/or
Apply: Owner Managing Partner

Full Name (Last name first, if individual)
ROBERT E. MITTELSTAEDT, JR.

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o 358 SOUTH MAIN STREET, BURLINGTON, NORTH CAROLINA 27215

Check Box(es) that ☐ Promoter ☐ Beneficial ☐ Executive Officer ☒ Director ☐ General and/or
Apply: Owner Managing Partner

Full Name (Last name first, if individual)
JAMES B. POWELL, M.D.

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o 358 SOUTH MAIN STREET, BURLINGTON, NORTH CAROLINA 27215

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- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that ☐ Promoter ☐ Beneficial ☐ Executive Officer ☒ Director ☐ General and/or
Apply: Owner Managing Partner

Full Name (Last name first, if individual)
ANDREW G. WALLACE, M.D.

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o 358 SOUTH MAIN STREET, BURLINGTON, NORTH CAROLINA 27215

Check Box(es) that ☐ Promoter ☐ Beneficial ☐ Executive Officer ☐ Director ☐ General and/or
Apply: Owner Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

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Check Box(es) that ☐ Promoter ☐ Beneficial ☐ Executive Officer ☐ Director ☐ General and/or
Apply: Owner Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

B. INFORMATION ABOUT OFFERING

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?..... Yes [] No [X]

Answer also in Appendix, Column 2, if filing under ULOE.

2. What is the minimum investment that will be accepted from any individual? \$ 1,000

3. Does the offering permit joint ownership of a single unit? Yes [X] No []

4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.

N/A

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) [] All States

[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) [] All States

[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OR PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box ☐ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt.....	\$350,000,000	\$350,000,000
Equity	\$ 0	\$ 0
☐ Common ☐ Preferred		
Convertible Securities (including warrants):	\$ 0	\$ 0
Partnership Interests.....	\$ 0	\$ 0
Other (Specify)).	\$ 0	\$ 0
Total.....	\$350,000,000	\$350,000,000

Answer also in Appendix, Column 3, if filing under ULOE.

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

	Number of Investors	Aggregate Dollar Amount of Purchase
Accredited Investors.....	6	\$350,000,000
Non-accredited Investors	0	\$ 0
Total (for filings under Rule 504 only)	N/A	\$ N/A

Answer also in Appendix, Column 4, if filing under ULOE.

3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.

Type of offering	Type of Security	Dollar Amount Sold
Rule 505	N/A	N/A
<u>Regulation A</u>	N/A	N/A
Rule 504	N/A	N/A
Total.....	N/A	N/A

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OR PROCEEDS

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees	[]	\$N/A
Printing and Engraving Costs	[]	\$25,000
Legal Fees	[]	\$125,000
Accounting Fees	[]	\$100,000
Engineering Fees	[]	\$N/A
Sales Commissions (specify finders' fees separately)	[]	\$N/A
Other Expenses (identify) - Purchaser Discount	[]	\$4,900,000
Total	[]	\$5,200,000

- b. Enter the difference between the aggregate offering price given in response to Part C- Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."

\$344,800,000

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

	Payments to Officers, Directors & Affiliates	Payments To Others
Salaries and fees	[] \$ 0	[] \$ 0
Purchase of real estate	[] \$ 0	[] \$ 0
Purchase, rental or leasing and installation of machinery and equipment	[] \$ 0	[] \$ 0
Construction or leasing of plant buildings and facilities	[] \$ 0	[] \$ 0
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) .	[] \$ 0	[] \$ 0
Repayment of indebtedness	[] \$ 0	[] \$344,800,000
Working capital	[] \$ 0	[] \$ 0
Other (specify): _____	[] \$ 0	[] \$ 0
Column Totals	[] \$ 0	[] \$344,800,000
Total Payments Listed (column totals added)	[] \$344,800,000	

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type) LABORATORY CORPORATION OF AMERICA HOLDINGS	Signature	Date FEBRUARY 17, 2003
Name of Signer (Print or Type) BRADFORD T. SMITH	Title of Signer (Print or Type) EXECUTIVE VICE PRESIDENT, CHIEF LEGAL OFFICER AND SECRETARY	

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE

1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?..... ☐ Yes ☒ No

NOT APPLICABLE TO RULE 506 OFFERINGS OF FEDERAL COVERED SECURITIES UNDER THE PROVISION
OF SECTION 18(b)(4)(D) OF THE SECURITIES ACT OF 1933, AS AMENDED BY NSMIA.

See Appendix, Column 5, for state response.

2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

NOT APPLICABLE TO RULE 506 OFFERINGS OF FEDERAL COVERED SECURITIES UNDER THE PROVISION OF SECTION 18(b)(4)(D) OF THE SECURITIES ACT OF 1933, AS AMENDED BY NSMIA.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) LABORATORY CORPORATION OF AMERICA HOLDINGS	Signature	Date FEBRUARY 17, 2003
Name of Signer (Print or Type) BRADFORD T. SMITH	Title (Print or Type) EXECUTIVE VICE PRESIDENT, CHIEF LEGAL OFFICER AND SECRETARY	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	2		3	4				5	
	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No	Senior Notes	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA									
CO									
CT									
DE									
DC									
FL									
GA									
HI									
ID									
IL									
IN									
IA									
KS									
KY									
LA									
ME									
MD									
MA									
MI									
MN									
MS									
MO									

APPENDIX

1		2		3		4				5	
		Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No	Senior Notes	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
MT											
NE											
NV											
NH											
NJ											
NM											
NY		X	99.249%	6	350,000,000	0	N/A		X		
NC											
ND											
OH											
OK											
OR											
PA											
RI											
SC											
SD											
TN											
TX											
UT											
VT											
VA											
WA											
WV											
WI											
WY											
PR											