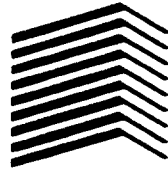


620 HOWARD AVENUE
ALTOONA, PA 16601-4899

814/946-2223
Fax 814/946-7808



altoona hospital
CENTER FOR MEDICINE

JAMES W. BARNER
PRESIDENT/CHIEF EXECUTIVE OFFICER

May 21, 2002

Nonqualified Plan Exemption
Pension and Welfare Benefits Administration
U.S. Department of Labor, Room N-5644
200 Constitution Avenue, N.W.
Washington, DC 20210

2520032901364

U.S. DEPT. OF LABOR
MAY 24 2 02
02 JUN 13 PM 2:02

Re: Altoona Hospital 457(b) Supplemental Retirement Plan

Dear Sir/Madam:

In accordance with 29 CFR 2520.104-23, on behalf of the Altoona Hospital 457(b) Supplemental Retirement Plan, we hereby provide you with the information set forth below:

Name and Address of Employer

Altoona Hospital
620 Howard Avenue
Altoona, PA 16601-4899

Employer's Taxpayer Identification Number

23-1352155

Required Declaration

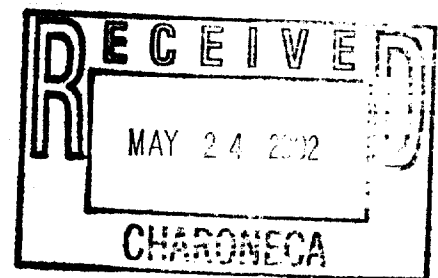
The Employer sponsors Altoona Hospital 457(b) Supplemental Retirement Plan ("Plan"), which has the effect of deferring compensation for a select group of management or highly compensated employees. Benefits are paid out of the general assets of the Employer. Currently, Altoona Hospital maintains this one (1) nonqualified plan. There are currently 25 employees eligible to participate or actually participating in this Plan. This Plan's effective date is April 1, 2002.

If you have any questions about this matter, please contact the undersigned.

Sincerely,

James W. Barner
President/Chief Executive Officer

VIA CERTIFIED MAIL



435 North Main Street
Doylestown, PA 18901

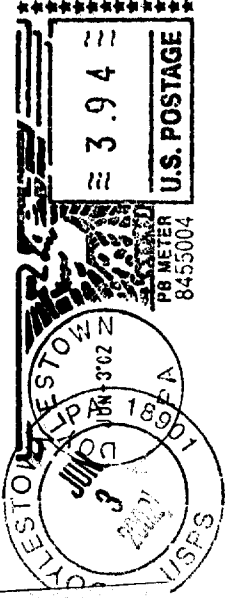


CHA
Bene

CERTIFIED MAIL



7002 0460 0000 2010 1010



**RETURN RECEIPT
REQUESTED**

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

