



Hospital and Outpatient Centers

2863 ST RT 45
P.O. BOX 298
ROCK CREEK, OHIO 44084-0298
440-563-3400/FAX 440-563-9619

2520032902756

DEPT. OF LABOR
PUBLIC DISCLOSURE

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Accredited
By
Joint Commission
On Accreditation of Healthcare Organizations

February 7, 2002

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

Re: Glenbeigh Hospital and Outpatient Centers

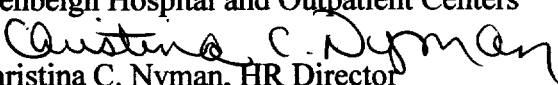
Dear Secretary:

Pursuant to Section 2520.104-23 of the Department of Labor's Regulations, this letter will serve as notice that, with respect to the Glenbeigh Hospital and Outpatient Centers 457 "Plan", the undersigned intends to utilize the alternative form of compliance with the reporting and disclosure requirements of Part 1 of the Employee Retirement Income Security Act of 1974 ("ERISA"), which alternative form of compliance is provided in the aforesaid regulations Section.

Pursuant to Regulations Section 2520.104-23(b), the following information is provided:

1. Name and Address of Employer: Glenbeigh Hospital and Outpatient Centers
P.O. Box 298
2863 State Route 45
Rock Creek, Ohio 44084-0298
2. Employer's Employer Identification Number: 34-1789783
3. The Employer hereby declares that it maintains the Plan primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees, and that there is one (1) employee in such plan at this time.

Pursuant to Regulations Section 2520.104-23(b)(2), the Employer will provide Plan documents, if any, to the Secretary of Labor upon request as required by Section 104(a)(1) of ERISA.

Very truly yours,
Glenbeigh Hospital and Outpatient Centers

Christina C. Nyman, HR Director



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