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**Alternative Reporting And Disclosure Statement
For Nonqualified Deferred Compensation Plans**

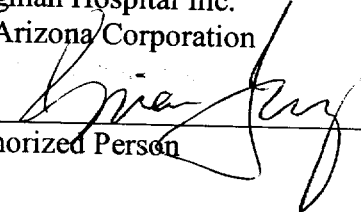
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To: U.S. Department of Labor
Pension and Welfare Benefit Administration
Room N 5638
200 Constitutional Ave. N.W.
Washington, DC 20210

In compliance with the requirements of the alternative method of reporting and disclosure under Part I of Title I of the Employee Retirement Income Security Act of 1974 for un-funded or insured pension plans for a select group of management or highly compensated employees, specified in Department of Labor Regulations, 29 CFR Sec. 2520.104-23, the following information is provided by the undersigned administrator:

1. The name of the Employer is: Kingman Hospital Inc.
2. The mailing address of the Employer is: 3269 Stockton Hill Road, Kingman, AZ 86401
3. The Employer Identification Number is: 94-2916102
4. The above named Employer maintains a Plan (or Plans) primarily for the purpose of providing deferred compensation benefits for a select group of management or highly compensated employees.
5. Number of Plans and Eligible Employees in each Plan:
One Plan(s) covering 17 Eligible Employees.
6. The Employer will provide a copy of the agreement(s) to the office of Pension and Welfare Benefit Program upon request.

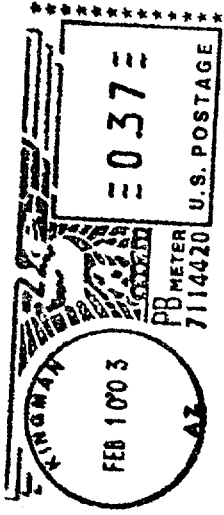
Kingman Hospital Inc.
An Arizona Corporation

By: 
Authorized Person

Dated: 1-9-03



KINGMAN REGIONAL
MEDICAL CENTER *HR*
3269 Stockton Hill Road • Kingman, AZ 86401



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