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

TO: Secretary of Labor

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, specified in Department of Labor Regulations 29 CFR 2520.104-23, the following information is provided by the undersigned employer:

Employer Identification Number: 38-1320780

The undersigned employer maintains the following unfunded plan primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees:

Name of Plan: Michigan Health Council Section 457(b) Plan

Number of Participants: 5

MICHIGAN HEALTH COUNCIL
2410 Woodlake Dr., Ste. 440
Okemos, MI 48864-3997

Date: 9-16-03

By: *Ann Rosewarne*

Its: *President*



2410 Woodlake Drive ■ Suite 440
Okemos, Michigan 48864-3997

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