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**Alternative Reporting and Disclosure Statement
For Non-Qualified Deferred Compensation Plans**

To: US Department of Labor
Employee Benefits Security Administration
Top Hat Plan Exemption
200 Constitutional Avenue N.W., Suite N-1513
Washington, DC 20210

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

1. The name of the Employer is:

ELLIOT HEALTH SYSTEM

2. The mailing address of the Employer is:

ONE ELLIOT WAY, MANCHESTER, NH 03103

3. The Employer Identification Number is: 02-0509911

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 (Non-Qualified Plans):

1 Plan(s) covering 75 Eligible Employees

6. The Employer will provide a copy of the agreement(s) to the office of Employee Benefits Security Administration upon request.

Employer: ELLIOT HEALTH SYSTEM

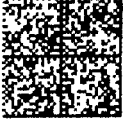
By: Richard A. Ednell
Authorized Person

Dated: 9/18/03



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