

CABELL HUNTINGTON HOSPITAL

05/11/03 - 10/31/03

**Alternative Reporting and Disclosure Statement
For Non-Qualified Deferred Compensation Plans**
(Mailed to the DOL within 120 days of the date you adopt your 457(b) plan)

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

2520040764089

In compliance with the requirements 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 Cabell Huntington Hospital, Inc
2. The mailing address of the Employer is:
1340 Hal Greer Blvd. Huntington, WV 25701-3800
3. The Employer Identification Number is 550675666
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 in each Plan (Non-Qualified Plans):
1 Plan covering 53 eligible employees
6. The Employer will provide a copy of the agreement(s) to the office of Pension and Welfare Benefit Program upon request.

Employer: Cabell Huntington Hospital

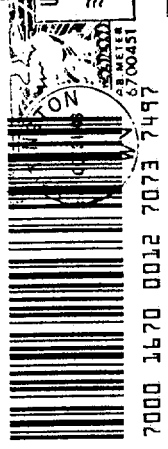
By: Marlon G. Taylor
Authorized Person

Dated: 10/31/03
#436772005



CABELL HUNTINGTON HOSPITAL

1340 Hal Greer Boulevard, Huntington, WV 25701-0195



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US Department of Labor
Employee Benefits Security Administration
Top Hat Plan Exemption
200 Constitution Avenue, NW, Suite N-1513
Washington, DC 20210

