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NOV 14 2003

**Morgan Lewis**  
C O U N S E L O R S   A T   L A W

**Robert L. Abramowitz**  
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2520040764237

November 14, 2003

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

Top Hat Plan Exemption  
Employee Benefits Security Administration  
Room N-5644  
U.S. Department of Labor  
200 Constitution Avenue, NW  
Washington, DC 20210

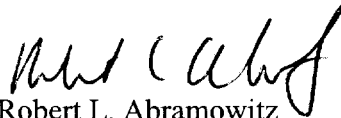
**Re:    *Supplemental Retirement Benefit Agreement (the “Plan”)***

Dear Sir or Madam:

On behalf of Temple University Health System Inc. (the “Employer”) we are hereby submitting the following information with respect to the above-referenced Plan pursuant to DOL §2520.104-23:

1. The name and address of the sponsoring employer is:  
Temple University Health System Inc.  
1803 North Broad Street  
Philadelphia, PA 19122
2. The employer identification number assigned to the Employer is: 23-2825881
3. The Plan is maintained primarily for the purpose of providing deferred compensation to a select group of management and highly compensated employees. The Employer maintains two such plans.
4. The Plan has one participant.
5. The Employer will provide copies of the Plan document to the Department of Labor upon request.

Respectfully submitted,

  
Robert L. Abramowitz

RLA/cmj

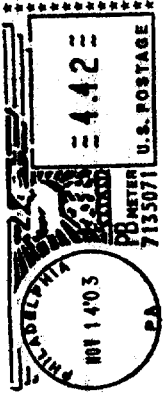
CERTIFIED MAIL

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