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June 6, 2003

Top Hat Plan Exemption  
Employee Benefits Security Administration  
f/k/a Pension and Welfare Benefits Administration  
Room N-5644  
U.S. Department of Labor  
200 Constitution Avenue, NW  
Washington, D.C. 20210

2520040764288



Dear Sir or Madam:

The Fairfield Medical Center hereby supplies the following information pursuant to Department of Labor Regulation §2520.104-23:

- A. Name and Address of Employer:  
Fairfield Medical Center  
401 North Ewing Street  
Lancaster, OH 43130
- B. Employer Identification Number: 31-0645626
- C. Fairfield Medical Center maintains the Fairfield Medical Center Executive Deferred Compensation Plan for a select group of management or highly compensated employees. At this time it is anticipated that seven employees will participate in this Plan.
- D. Fairfield Medical Center also sponsors the Lancaster-Fairfield Community Hospital Executive Benefit Plan for which there is one participant.

It is our understanding that this letter fulfills our notification obligations under the Employee Retirement Income Security Act of 1974 in lieu of an annual filing requirement.

Please feel free to call me at (740) 687-8011 between the hours of 9:00 a.m. and 5:00 p.m. EST if you have any questions.

Sincerely,

FAIRFIELD MEDICAL CENTER

Sky L. Gettys  
Vice President-Finance & CFO

9500



F A I R F I E L D  
M E R C A N T I L E  
C O M M E R C I A L

401 NORTH EWING STREET  
LANCASTER, OHIO 43130-3371



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